

LONG-TERM CARE INSURANCE APPROVED POLICIES IN WISCONSIN

October 2003

This booklet provides a brief description of long-term care and a list of companies currently offering long-term care insurance policies in Wisconsin.



For more information on health insurance call:

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1-800-242-1060**

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Office of the Commissioner of Insurance
P.O. Box 7873
Madison, WI 53707-7873**

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**Deaf, hearing, or speech impaired callers may
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Table of Contents

	Page
Introduction to Long-Term Care	4
Paying for Long-Term Care	4
Wisconsin Minimum Standards for Policies	8
Federally Tax-Qualified Long-Term Care Insurance Policies	10
State Income Tax Deduction	11
Life Insurance - Long-Term Care Policies	11
What Should I Look for in Comparing Policies?	11
Policy Benefits and Cost Comparisons	17
Definitions	18
What If I Have Questions or Complaints?	20
Individual Non-Tax Qualified Long-Term Care Insurance Policies	22
Group Long-Term Care Insurance Policies	32
Individual Tax-Qualified Long-Term Care Insurance Policies	39
Nursing Home Insurance Policies	82
Home Health Care Insurance Policies	84
Long-Term Care Riders to Life Insurance Policies	85
Consumer Publications	
Complaint Form	

INTRODUCTION TO LONG-TERM CARE

In general, the phrase “long-term care” refers to a broad range of services you may need for an extended period of time because of a chronic illness or disability. It usually does not include the type of care you receive on a short-term basis following a hospitalization or an acute illness.

Whether you require long-term care depends on your level of disability. The chances of needing long-term care usually increase as you age, but long-term care may be needed at any age.

It is important to recognize that at some time in your life you may require long-term care services. Therefore, you should think about how to pay for this care.

The costs for long-term care vary depending on the service. For example, in 2001, the average cost for a day in a nursing home in Wisconsin was approximately \$132*. Home health care can also be costly. A home health visit by a registered nurse can cost approximately \$100, depending on the length of the visit. Home health aide personal care services provided by a home health agency can cost \$50 to \$60 per hour.

Other types of long-term care services can also be expensive if they are provided frequently or for a long period of time.

PAYING FOR LONG-TERM CARE

Private Individuals

Most long-term care is paid for by those individuals receiving the care or by their families. Other sources of payment include Medicaid (Medical Assistance), Medicare, veterans’ payments, and private insurance. Many individuals who require extensive long-term care eventually “spend-down” their savings and other resources and become eligible for Medicaid.

Medicare

Medicare is the federal program that helps pay hospital and medical costs for those who are 65 or older and some disabled persons. **It provides very limited coverage for short periods of time for nursing home and home health care but does not cover any long-term care services for extended periods of time.**

Nursing Home Care

If a nursing home stay is approved by Medicare, then Medicare pays in full for up to 20 days of skilled nursing care in a skilled nursing facility approved by

* Wisconsin Department of Health and Family Services.

Medicare. However, Medicare will pay for your nursing home stay only if it follows a hospitalization of at least three days and you enter a Medicare-certified nursing home within 30 days after hospital discharge. From the 21st to the 100th day, Medicare pays part of the cost if the stay is still approved by Medicare. Medicare pays **nothing** beyond the 100th day. **Very few nursing home stays are covered by Medicare.** This is both because many nursing homes do not participate in the Medicare program and because Medicare defines "skilled care" in a very restrictive way.

Home Health Care

Medicare covers only those home health care visits **that Medicare considers to be medically necessary.** Medically necessary care is defined quite narrowly and you must meet certain other criteria before Medicare will pay for the care. For example:

- The care must include part-time skilled nursing care, physical therapy, or speech therapy;
- The recipient must be **confined** to home;
- The doctor must set up a home health plan; and
- The agency providing services must participate in Medicare.

Many home health care visits do not meet Medicare's definition of medically necessary care. Therefore, Medicare will not pay for them.

Medicaid

Medicaid, also known as Medical Assistance or Title XIX, is a government health care program paid for by state and federal governments. To be eligible for Medicaid:

- You must be 65 or over, or disabled, or in a family with dependent children;
- and**
- You must have low income and few assets; or
 - You must be paying so much money for health care that you have very little income left.

If you are eligible, Medicaid will pay for most health care costs, including nursing home and community-based care.

Nursing Home Care

Medicaid is a major source of payment for nursing home care. About 74% of all nursing home residents in Wisconsin receive help with their nursing home costs. To qualify for Medicaid nursing home benefits, you must require medical, nursing, and/or therapeutic care on a daily basis and be under a doctor's plan of treatment. Even if you become eligible for Medicaid, most of your income must be used to pay nursing home bills, with Medicaid paying remaining costs.*

When first admitted, many residents of nursing homes are able to pay for their care themselves. Over the course of a long nursing home stay, many people use most of their savings to pay for their care and then become eligible for Medicaid.

Home Health Care

Medicaid may pay for services you receive in your home. However, you must be under a doctor's plan of care, have medical needs that can be met in your own home, and receive services from a home health care agency certified by Medicaid.

Personal Care

Medicaid also pays for personal care, such as assistance with bathing, dressing, eating, or getting in and out of bed. To be paid by Medicaid, you must be under a doctor's plan of care and you must receive services from a personal care agency certified by Medicaid. You may also be eligible for a limited amount of necessary household help, such as grocery shopping, meal preparation, or laundry.

Community Options Program

In Wisconsin, the Community Options Program (COP) provides community-based long-term care services to some individuals who would otherwise need nursing home care. If you qualify based on limited income and assets, all or part of the cost of the care can be paid by a special state funding program or, in some cases, Medicaid. The COP offers a wide range of services including personal care, respite care, adult day care, transportation, and even necessary help with household chores. Information on eligibility for the COP may be obtained from your local county aging unit or your local county social or human services department.

* Wisconsin Department of Health and Family Services.

SPOUSAL IMPOVERISHMENT PROTECTIONS

The special provisions in Medicaid law give married people some financial protection when one of them enters a nursing home or becomes a participant in a community waiver program. Community waiver programs, such as the Community Options Program (COP Waiver) or Community Integration Programs (CIP), provide a home care alternative to a nursing home. You may obtain more information on-line at <http://www.dhfs.state.wi.us/Medicaid1/recpubs/factsheets/spousimp.htm> or by contacting your local county aging unit or your local county social or human services department and tribal agencies.

Estate Recovery Program

Wisconsin has an estate recovery program through which the state seeks repayment of Medicaid payments for care received while the recipient resided in a nursing home. The program also seeks recovery of certain noninstitutional Medicaid benefits for recipients over age 55. The recovery is made from the estate of a recipient or the estate of the recipient's spouse. An estate includes all assets owned by an individual at the time of death.

More information about the Estate Recovery Program is available from your local county social or human services department and tribal agencies.

Medicare Supplement Insurance

Medicare supplement insurance policies do not provide coverage for long-term care. They are designed to supplement Medicare and provide very limited coverage for nursing home and home health care.

For more information on the benefits included in Medicare supplement insurance policies, consult the booklet, [*Wisconsin Guide to Health Insurance for People with Medicare*](#) which is available from the Office of the Commissioner of Insurance.

Long-Term Care, Nursing Home, and Home Health Care Insurance Policies

There are three types of insurance policies sold in Wisconsin to cover long-term care expenses. They are:

1. Long-Term Care Insurance Policies

These policies cover both institutional (nursing home or other facility) care and care in the community (home health care or other community-based services).

2. Nursing Home Insurance Policies

These policies cover **only** institutional (nursing home or other facility) care.

3. Home Health Care Insurance Policies

These policies cover **only** care received in the community (home health care or other community-based services).

NOTE

Only those policies that provide coverage for both institutional and community-based care may be advertised or sold as long-term care insurance policies.

Information on long-term care insurance policies is explained in the booklet, [Guide to Long-Term Care](#), which is available from the Office of the Commissioner of Insurance. This guide has been prepared by the Wisconsin Office of the Commissioner of Insurance and must be given to all prospective buyers of long-term care insurance at the time of solicitation.

WISCONSIN MINIMUM STANDARDS FOR POLICIES

The Wisconsin Office of the Commissioner of Insurance has set minimum standards for each of the three types of policies covering long-term care expenses.

All three types of policies must:

- Provide at least one year of benefits.
- Provide a minimum \$60 a day benefit.

- Provide benefits based on the level of care only if the lowest limit of daily benefits is not less than 50% of the highest limit of daily benefits. For example, benefits provided for home health care would have to be at least 50% of those provided for nursing home care.
- Provide coverage whether or not care is medically necessary. The policy may require that the care be provided in accordance with a plan of care.
- Pay benefits without requiring you to be in a hospital before getting the covered service.
- Pay benefits if you are unable to perform three or more activities of daily living (ADLs) or if you have a cognitive impairment. The assessment of ADLs and cognitive impairment needs to be performed by licensed or certified professionals, such as physicians, nurses, or social workers.
- Pay benefits for "irreversible dementia" (Alzheimer's disease) provided you have met the waiting periods under the policy and need the type of care covered by the policy. This does not prevent an insurance company from refusing to accept an application from you if you have Alzheimer's or a similar disease.
- Offer an inflation protection option that increases the maximum daily benefit and lifetime benefit amounts in an amount at least equal to 5% compounded annually.
- Offer a nonforfeiture benefits option that provides paid-up insurance if your policy lapses.
- Describe the benefit appeal procedure. This procedure requires the insurance company to review the appeal and make a decision within 30 days.

Policies that include home health care benefits must pay for community-based (home health) care:

- Whether or not you have an acute medical problem.
- Even if the services are not provided by a Medicare-certified agency or provider.
- Even if you were not previously in a hospital or nursing home.

NOTE

Policies that cover only nursing home care or only home health care provide limited benefits for long-term care services and may not be adequate for your needs. If you want coverage both for nursing home and home health care, you are better off buying a comprehensive long-term care insurance policy. Even a comprehensive policy may not cover all the types of services that you may need or want.

FEDERALLY TAX-QUALIFIED LONG-TERM CARE INSURANCE POLICIES

Congress passed a law in 1996 called the Health Insurance Portability and Accountability Act (HIPAA). HIPAA allows for certain federal income tax advantages for long-term care insurance policies that are designated as “tax-qualified” or “qualified.” If you have a tax-qualified policy, you may be able to deduct part or all of the premium you pay for the policy. You can include the premiums with other annual uncompensated medical expenses in excess of 7.5% of your adjusted gross income. The amount of the premium that you can claim as a deduction depends on your age.

Long-term care insurance policies sold on or after January 1, 1997, as tax-qualified policies must meet certain standards. These policies must contain a caption on the face page of the policy, similar to:

This policy is intended to be a tax-qualified long-term care insurance contract under Section 7702B (b) of the Internal Revenue Code.

At the time you apply for long-term care insurance, you must receive an Outline of Coverage that contains a notice on the face page that indicates the policy is intended to be a tax-qualified policy.

Tax-qualified long-term care insurance policies are required to cover services for a chronically ill individual. These services are given according to a plan of care prescribed by a licensed health care practitioner. You are considered chronically ill if you are unable to perform a certain number of activities of daily living without substantial help from another person for at least 90 days. You also may be considered chronically ill if you need substantial supervision to protect your health and safety because you have a cognitive impairment.

The benefits paid by a tax-qualified long-term care insurance policy are generally not taxable as income. Benefits you receive from a nontax-qualified long-term insurance policy may or may not be taxable as income. The U.S. Department of the Treasury has not yet ruled on this issue.

STATE INCOME TAX DEDUCTION

Beginning in the January 1998 taxable year, you can subtract the amount paid for long-term care insurance from your Wisconsin income tax. This subtraction applies to both policies designated for federal income tax purposes as tax-qualified and policies that are non-tax-qualified. The instruction booklet you receive with your Wisconsin income tax forms includes information on the subtraction for long-term care insurance.

LIFE INSURANCE - LONG-TERM CARE POLICIES

Another way to cover long-term care expenses is through a rider attached to a life insurance policy. Long-term care riders attached to life insurance policies differ from long-term care policies in several respects. For example, monthly benefits for a stay in a covered nursing home are typically based on a percentage of the life insurance amount. A \$100,000 policy with a 2% benefit would give you \$2,000 a month. A monthly benefit for home health care, when covered under the rider, is usually half of the nursing home benefit.

Long-term care benefits under these riders are tied directly to the amount of life insurance in force. These benefits will be reduced by any loans or withdrawals against the policy. Using the long-term care benefits will also reduce life insurance coverage under the policy.

A long-term care rider has a separate insurance charge that usually increases each year in a manner similar to the cost of the life insurance under the basic policy. The annual charge for the rider will not exceed the guaranteed cost and will normally be less.

A [list of life insurance companies selling long-term care riders](#) is included at the end of the list of policies in this booklet.

WHAT SHOULD I LOOK FOR IN COMPARING POLICIES?

Type of Coverage

You should review how the policy pays benefits as policies pay benefits in different ways. For example, some policies pay a fixed amount for each day you are confined in a nursing home or each day you receive community-based care, regardless of the actual cost of the care. Other policies pay according to the provider's actual charges up to a fixed daily amount or a percent of the charges. Policies paying benefits based on a usual and customary charge basis or prevailing charge basis contain a notice to this effect on the face page of the policy.

You should also examine the period of time benefits are paid. Benefits may last for only one year or for the rest of your life, depending on the policy. In general, plans that provide payments for longer periods of time are more expensive. You may select from several

options when you first buy the policy. You may not be able to increase the benefit amounts at a later date without proving insurability.

You should compare similar policies. For instance, compare nursing home only policies to nursing home only policies.

Policies frequently limit benefits to specific types of services provided by specific types of facilities or agencies. For example, services provided in the home may be limited to those provided by a licensed home health agency. Other types of personal care, help with household chores, or other services may not be covered. In other words, it is important to check each policy to be sure you know exactly what services are covered. The kind of long-term care services you may need or want may not be covered under the policy.

You should review the policy's definitions regarding the types of facilities that are covered. The state of Wisconsin has licensed, certified and registered facilities that provide differing levels of supportive care, personal care and nursing services. Policies that provide coverage for nursing care in a licensed facility will cover care in a nursing home. However, the policies that provide coverage for nursing care in a licensed facility will not cover care in an assisted living facility. Assisted living facilities are certified or registered to provide assisted living services. They are not licensed to provide nursing care. Long term care policies usually do not cover any care in a community based residential facility.

You should determine whether premium payments are based on **issue age** or **attained age**. Attained age premiums automatically increase as one ages. Issue age premiums will increase only if premiums are increased for everyone insured under the policy form.

You should compare prices when you compare policies. Ask questions. Check to see if the policy you are considering is a lot less or a lot more expensive than other policies with similar benefits.

Standards for Benefit Triggers

Policies are required to pay benefits based on benefit triggers called activities of daily living (ADLs). Policies must base benefits on at least six ADLs. They are:

- Bathing—Washing oneself by sponge bath; or in either a tub or shower, including the task of getting into or out of the tub or shower.
- Continence—The ability to maintain control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene, including caring for a catheter or colostomy bag.
- Dressing—Putting on and taking off all items of clothing and any necessary braces, fasteners, or artificial limbs.

- Eating—Feeding oneself by getting food into the body from a receptacle (such as a plate, cup, or table) or by feeding tube or intravenously.
- Toileting—Getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.
- Transferring—Moving into or out of bed, chair, or wheelchair.

Some policies pay benefits based on seven ADLs.

Policies must pay benefits when you require assistance to perform three of the activities of daily living or have a cognitive impairment. Many policies listed in this booklet pay benefits when you are unable to perform two of the ADLs. A cognitive impairment is a deficiency in short-term or long-term memory, orientation as to person, place, and time, deductive or abstract reasoning, or judgment as it relates to safety awareness. Assessment of ADLs and cognitive impairment can be performed by licensed or certified professionals, such as physicians, nurses, or social workers. You would be considered unable to perform an activity of daily living if you need hands-on assistance to perform the activity or, in the case of a cognitive impairment, must have supervision or verbal cueing to protect yourself and others.

Elimination Period

Policies frequently have elimination periods. This is the number of days you must be in a nursing home or other facility receiving the care covered by the policy or the number of home care visits that must be received before benefits are paid. You will pay all of the cost of care during the elimination period. The longest elimination period permitted under Wisconsin law is 365 days. Usually, the longer the elimination period, the lower the premium. The longer the elimination period, the less chance there is that you will collect benefits. Elimination periods do not begin until the preexisting condition waiting period has been satisfied. Wisconsin law allows insurance companies to offer elimination periods up to 365 days, but the company must also sell the same type of policy that offers elimination periods for 180 days or less.

Free-Look Periods

Policies must include a “free-look” period. You will have at least 30 days from the time you receive the policy to look it over and decide if you want to keep it. If you decide to return the policy to the company within the “free-look” period, you will receive a full refund of your premiums.

However, if you decide to keep the policy, be sure that your application is correct and complete. The application is a part of the policy.

Health Questions

When you apply for long-term care insurance, you may be asked questions relating to health status, including prior hospitalization and nursing home confinements. Each insurance company has its own standards for deciding who is eligible for a policy. If the questions are not answered accurately, the insurance company may refuse to pay benefits, terminate the contract, and return your premium at the time you make a claim. Since the application is part of the policy, check it again when you receive the policy to make sure all questions have been answered accurately.

Inflation Protection

If your long-term care policy does not include a way for benefits to increase as long-term care costs increase, **you may have a benefit that is too low by the time you need care**. For example, a nursing home that costs \$100 a day in 1995 could cost \$150 or more in the year 2010. All policies must offer the option to purchase inflation protection at 5% compounded annually. Some policies may allow you to purchase additional coverage at a later date. Policies that express the maximum benefits as a dollar amount must also increase benefits at the rate of 5% compounded annually. Adding an inflation protection rider to a policy will increase the cost of the policy.

Policy Exclusions

Long-term care policies may have certain exclusions. The most common are for mental and nervous disorders, preexisting conditions, care received outside the USA, and care needed as a result of self-inflicted injury.

NOTE

Under Wisconsin law once you are insured and have satisfied any waiting periods, including elimination period, policies may not refuse benefits for irreversible dementia such as Alzheimer's disease, provided you need the services covered by the policy. Policies may exclude coverage for other conditions or situations. The exclusions are listed on the Outline of Coverage that you receive when you are solicited for the policy.

Cancellation

You have the right to request cancellation of the policy at any time and the insurance company must issue a prorated premium refund. If you die while the policy is in force, the insurance company will issue a refund of premiums to your estate.

Preexisting Condition Waiting Period

If you are sick or under a doctor's care for a particular condition when you purchase the policy, you may **not** be eligible for benefits for that condition until a certain period of time has passed. This is called a **preexisting condition waiting period**. Preexisting condition waiting periods vary from company to company. The longest waiting period permitted in Wisconsin is six months. This waiting period can be applied only to conditions that you have **not** been asked about on the application and for which you have seen or been treated by a doctor in the six months before you take out the policy.

Renewability

All policies **currently on the market** are "guaranteed renewable for life." This means that your coverage will continue as long as you pay the premium. The renewal provision of a policy is on the first page of the policy and in the Outline of Coverage. The insurance company may raise premiums, but only if it raises them for all individuals who have the same policy. This does not mean that your coverage will continue if you have exhausted the benefits in the policy. If you buy a policy with a one-year benefit period, your benefits will end after one year of the insurance company paying benefits. You will not be able to renew these benefits.

Reinstatement

Policies also include reinstatement provisions. If you fail to pay premiums, the insurance company is required to give notice to you and your designee that the policy will lapse in 30 days. If your policy lapses and you provide proof of cognitive impairment or inability to perform activities of daily living, your policy can be reinstated if you request reinstatement within at least five months after lapse and pay the past due premiums.

Waiver of Premium

Many policies provide for a waiver of premium. This means that after a specified period of time of **receiving** benefits under the policy you may apply to have your premiums waived until you are no longer receiving covered care or the lifetime maximum benefit has been paid.

Nonforfeiture Benefits

All policies must offer the option to purchase a shortened benefit period nonforfeiture benefit option. The nonforfeiture benefit provides paid-up long-term care, nursing home only, or home care only insurance coverage after you have paid premiums for three years but no longer continue to do so. The maximum benefit under the paid-up policy is the greater of 100% of the sum of all premiums paid for the policy, including premiums paid prior to any change in benefits, or 30 times the daily benefit amount in effect on the lapse date. As with the inflation protection option, a nonforfeiture benefit rider adds to the cost of the policy.

Long-Term Care Rate Increase Standards

If you have a policy that was issued between **August 1, 1996, and December 31, 2001**, your policy is subject to certain standards that restrict the number and amount of premium increases. Your initial premium may not increase for the first three years that the policy is in force, and after that the rate is guaranteed for at least two years. It is important for you to know that if the company raises your premium by more than 50% in any three-year period, they will be restricted from selling policies in Wisconsin.

There have been changes in Wisconsin insurance law that will provide added protection to you for those policies **issued on or after January 1, 2002**. The changes include rating practice and consumer protection provisions. Insurance companies will now be required to establish initial premium rates that are sufficient and are expected to remain the same over the life of the policy. The insurance company will have to certify that no future premium increases are anticipated. Also, the insurance company is required to disclose to you your policy's past premium rate increases.

Contingent Nonforfeiture Benefit

Policies issued after January 1, 2002, must include a contingent benefit upon lapse requirement. The benefit will be triggered if your policy is subject to a substantial premium increase and you did not buy a shortened benefit nonforfeiture option. A contingent benefit upon lapse requirement will provide added protection to you in the event of lapse. For example, if you are 70 years old and you had rejected the insurance company's offer of a nonforfeiture benefit, and the premium rises to 40% more than the original premium you paid when you first bought the policy, you will be offered two options. The options will allow you to keep paying the original premium amount so you do not have to lapse the policy and lose your coverage. You will have the choice to reduce your benefit amount, or convert to paid-up status with a shorter benefit period. Of course, you may also choose to keep your policy and continue to pay the higher premium.

POLICY BENEFITS AND COST COMPARISONS

The following pages contain summaries of information on each company selling long-term care insurance policies approved by the Office of the Commissioner of Insurance.

The policies in this booklet have met the minimum requirements of Wisconsin insurance law. This does not mean that the Office of the Commissioner of Insurance endorses the policies or recommends that you buy a long-term care insurance policy. This booklet is provided to help consumers who want to buy long-term care insurance choose a policy that is appropriate for their needs.

Annual premiums are given for a \$100 per day nursing home benefit for a person buying the policy at ages 50, 65, 70, 75, and 80. The annual premiums listed are for the benefit periods and elimination periods indicated at the top of the section and may not be current on the date you purchase a policy. The companies may offer options other than those listed here.

The policy comparison section summarizes material submitted by the insurers. Some information may not be current at the time you read this publication. The policy itself becomes the contract between you and the insurance company and is the final description of benefit payments or premium schedules.

Although major benefits and costs are summarized here, it is impossible to describe all variations available. In choosing a policy, you should consider factors other than price or benefits. These include claims handling and a company's reputation for service. Talk to friends and family members about their experience with various companies.

In comparing policies be sure to check on the premium, health history requested, waiting period, and level of coverage. Listed below are some of the items included in the information on each company.

Health history requested Whenever an application includes health questions, the company may use this information to refuse to issue a policy, to limit or exclude the coverage for a specific named condition, or void the policy because of misinformation on the application. Make sure all the information on the application is complete and accurate.

Claim payment method Policies pay benefits in different ways. For example, some policies pay a fixed amount for each day you are confined in a nursing home or each day you receive community-based care, regardless of the actual cost of the care. Other policies pay according to the provider's actual charges up to a fixed daily amount or a percent of the charges. Policies paying benefits based on a usual and customary charge basis or prevailing charge basis contain a notice to this effect on the face page of the policy.

Preexisting condition waiting periods Preexisting condition waiting periods may be applied **only** to conditions for which you were treated in the six months before you applied for this policy and that have **not** been disclosed on the application or excluded from your policy by specific description.

First-Year Commission The first-year commission is the amount of your first year's premium that the insurance company pays to the agent who sells its policy.

Be careful about replacing existing policies. There may be restrictions placed on your benefits.

DEFINITIONS

Activities of Daily Living (ADLs)—Activities that are a normal part of everyday life, such as bathing, continence, dressing, eating, toileting, and transferring.

Adult Day Care—Care given in a nonresidential, community-based group program designed to meet the needs of functionally impaired adults. It is a structured, comprehensive program that may provide a variety of health, social, and related support services during any part of a day.

Alternative Plan of Care—If you otherwise qualify for benefits, this provision allows you to qualify for benefits not specifically listed in the policy upon the agreement of you, your physician, and the company.

Assisted Living Facility—A facility certified or registered by the Department of Health and Family Services (DHFS). These facilities exist to bridge the gap between independent living and nursing homes and provide a variety of services depending on the needs of the residents.

Bed Reservation—This benefit is payable if you are receiving nursing home care and need to spend time in a hospital. The company will cover any charge made by the nursing home for reserving your bed during your hospitalization.

Benefit Triggers—A term used to describe when to pay benefits. One type of benefit trigger is an activity of daily living (ADL). Insurance companies may use different events or types of benefit triggers to determine when benefits will begin to be paid. The triggers are described in the eligibility criteria of the policy.

Care Coordination—Services provided by a licensed or certified health care professional designated by the insurance company to perform an assessment and develop a plan to meet your long-term care needs.

Caregiver Training—Training provided in order to assist an informal and unpaid caregiver to care for you at home.

Case Management—Services provided by a licensed or certified health care professional to assist in arranging, monitoring, or coordinating long-term care services.

Cognitive Impairment—A deficiency in your short-term or long-term memory, orientation as to person, place and time, deductive or abstract reasoning, or judgment as it relates to safety awareness.

Community Based Residential Facility (CBRF)—These facilities are licensed, registered, or certified by the Department of Health and Family Services (DHFS). CBRFs are covered only if your policy identifies these facilities as a covered benefit and the facility has been licensed as a CBRF by DHFS.

Contingent Nonforfeiture or Contingent Benefit Upon Lapse—If you reject the mandatory offer of a nonforfeiture benefit, the insurance company must provide a “contingent benefit upon lapse.” This means that when the premiums increase to a certain level (based on a table of increase provided to you in the policy information), the benefit will take effect. You will then be offered, within 120 days of the due date of the new premium, the opportunity to accept **one** of the following options: 1) reduce your benefits provided by the current policy so that your premium will stay the same, or 2) convert your policy to a paid-up status with a shorter benefit period.

Elimination Period—The number of days you must wait after receiving long-term care before receiving insurance benefits.

Exclusion—Any condition or expense that the policy will not pay.

Guaranteed Purchase—A rider to a policy that allows you to increase the benefits during specific periods of time without proof of insurability.

Home Health Care—Care including skilled nursing services, such as providing therapy treatments or administering medication; home health aide services, such as checking temperature and blood pressure; personal care such as help with bathing, dressing, walking, exercise; and physical, occupational, respiratory, or speech therapy.

Hospice Care—A specially designed package of social and medical services that primarily provides pain relief, symptom management, and supportive services to terminally ill people and their families.

Instrumental Activities of Daily Living—Basic functional activities necessary for you to remain in your home such as meal preparation, shopping, light housekeeping, laundry, telephoning, and handling money and paying bills.

Licensed Health Care Practitioner—Any physician, registered nurse, licensed or certified social worker, or any other individual who meets such requirements as may be prescribed by the Secretary of the Treasury.

Paid-up Survivor—A rider that, in the event of the death of your spouse, waives the premiums for life if both you and your spouse had coverage for a specified time with the same company.

Plan of Care—A plan outlining the care you need and the length of time the care will be needed.

Residential Care Apartment Complexes (RCAC)—These facilities are certified or registered by the Department of Health and Family Services (DHFS). RCACs are covered only if your policy identifies these facilities as a covered benefit and the facility has been certified or registered as an RCAC by DHFS.

Respite Care—The provision of personal care, supervision, or other services to a functionally impaired person to relieve a family member or other primary caregiver from caregiving duties. Respite care services are usually provided in the impaired person's home or in another home or homelike setting, but may also be provided in a nursing home.

Restoration of Benefits—If you collect benefits from a policy, and then recover to the point where you are not receiving care qualifying you for benefits for a certain period of time, you can have those benefits restored back to their original level. Look to see if this is a provision in the policy or if it is available as a rider for an additional premium.

Return of Premium—A rider that provides that if you die after being insured for a specified period or if you have paid premiums for a specified period, the company will return premiums paid minus any benefits paid.

Waiver of Premium—The suspension of premium payments after you have been receiving benefits from the policy for the period of time specified in the policy.

WHAT IF I HAVE QUESTIONS OR COMPLAINTS?

If you have questions or complaints about:

Medicare

Contact your local Social Security office or your county agency on aging, or you may contact the Social Security Administration by calling toll-free **1-800-772-1213**.

Medicaid

Contact the county Social Service Agency or the recipient hotline. In Madison the recipient hotline number is **(608) 266-4279**. In other parts of the state the number is **1-800-362-3002**.

Insurance

Contact the agent or company involved. If you do not get satisfactory answers, contact the Office of the Commissioner of Insurance, P. O. Box 7873, Madison, Wisconsin 53707-7873. Phone: **1-800-236-8517**. Deaf, hearing, or speech impaired callers may reach OCI through WI TRS.

OCI's World Wide Web Home Page

<http://oci.wi.gov>

NOTE

The following policies have been approved for sale by the Office of the Commissioner of Insurance as of October 2003. This may not be a complete list. For policies approved after that date, check our Web site.

**INDIVIDUAL NONTAX-QUALIFIED
LONG-TERM CARE INSURANCE POLICIES**

American Family Life Assurance Company of Columbus (AFLAC)
1932 Wynnton Road
Columbus, GA 31999

Consumer Service Telephone No. 1-800-992-3522

Form No. A-25300-WI

First-Year Commission: Ages: 50-79 52%
 80-84 12.5%

Preexisting Condition
Waiting Period: None

Health History Requested: General health questions

Claim Payment Method: Daily benefit

Activities of Daily Living (ADLs) Required: 2

Annual Premium for \$100/Day Nursing Home Benefit and \$50/Day Home Health Care (Optional Benefits Not Included)						
3-Year Benefit Period			Lifetime Benefit Period			
Age	Elimination Period		Age	Elimination Period		
	20 Days	100 Days		20 Days	100 Days	
50	\$ 297.00	\$ 275.00	50	\$ 495.00	\$ 451.00	
65	1,001.00	847.00	65	1,452.00	1,210.00	
70	1,540.00	1,276.00	70	2,211.00	1,848.00	
75	2,508.00	2,046.00	75	3,454.00	2,937.00	
80	N/A	3,047.00	80	N/A	N/A	
Premiums are based on issue age.						

	Nursing Home Care	Home Health Care
Daily Benefit Amount	\$60 - \$200 per day	\$30 - \$200 per day
Benefit Period	2, 3, 5 years or lifetime	12, 18, 30 months or lifetime
Elimination Period	0, 20, or 100 days	0 days
Must be met once per lifetime.		

**Other Benefits Included
in Basic Policy**

Adult Day Care
 Ambulance
 Assisted Living Facility
 Bed Reservation
 Hospice Care
 Respite Care
 Restoration of Benefits
 Spousal Discount
 Waiver of Premium

**Optional Benefits for
Additional Premium**

Inflation Protection
 Nonforfeiture Benefit

Bankers Life & Casualty Company
222 Merchandise Mart Plaza
Chicago, IL 60654-2013

Consumer Service Telephone No. 1-888-282-8252

Form No. GR-N380

First-Year Commission: Ages: Under 75 36%
 75-84 32%
 85-89 22%

Preexisting Condition
Waiting Period: None

Health History Requested: Detailed health history

Claim Payment Method: Actual charges up to daily benefit

Activities of Daily Living (ADLs) Required: 2

Annual Premium for \$100/Day Nursing Home Benefit and \$50/Day Home Health Care (Optional Benefits Not Included)						
3-Year Benefit Period			Lifetime Benefit Period			
Age	Elimination Period		Age	Elimination Period		
	30 Days	90 Days		30 Days	90 Days	
50	\$ 329.89	\$ 296.52	50	\$ 531.50	\$ 484.78	
65	959.66	862.62	65	1,522.94	1,389.07	
70	1,559.45	1,401.75	70	2,468.40	2,251.40	
75	2,534.11	2,277.85	75	3,960.68	3,612.49	
80	3,983.60	3,580.76	80	N/A	N/A	

Premiums are based on issue age.

	Nursing Home Care	Home Health Care
Daily Benefit Amount	Ages 18-79: \$60 - \$300 per day Ages 80-84: \$60 - \$200 per day Ages 85-89: \$60 - \$150 per day	50% or 100% of nursing home benefit
Benefit Period	365 - 2,920 days or lifetime	365 - 2,920 days or lifetime
Elimination Period	0, 15, 30, 60, 90, or 180 days	0, 15, 30, 60, 90, or 180 days
Must be met once per lifetime.		

Other Benefits Included in Basic Policy		Optional Benefits for Additional Premium
Adult Day Care	Equipment Purchase	Inflation Protection
Alternative Plan of Care	Hospice Care	Nonforfeiture Benefit
Ambulance	Respite Care	Paid-up Survivor
Assisted Living Facility	Restoration of Benefits	Return of Premium
Bed Reservation	Spousal Discount	
Care Coordination	Waiver of Premium	
Caregiver Training		

Guarantee Trust Life Insurance Company
1275 Milwaukee Avenue
Glenview, IL 60025

Consumer Service Telephone No. 1-800-338-7452

Form No. G0101-WI

First-Year Commission: Ages: Under 60 80%
 60-64 75%
 65-74 70%
 75-79 65%
 80+ 45%

Preexisting Condition
Waiting Period: None

Health History Requested: Detailed health history

Claim Payment Method: Actual charge up to daily benefit

Activities of Daily Living (ADLs) Required: 2

**Annual Premium for \$100/Day Nursing Home Benefit
 and \$100/Day Home Health Care*
 (Optional Benefits Not Included)**

3-Year Benefit Period			Lifetime Benefit Period		
Age	Elimination Period		Age	Elimination Period	
	20 Days	100 Days		20 Days	100 Days
50	\$ 299.67	\$ 251.06	50	\$ 400.05	\$ 335.16
65	1,149.54	962.96	65	1,514.10	1,268.30
70	1,868.16	1,564.92	70	2,445.98	2,048.97
75	3,116.40	2,610.62	75	4,070.85	3,410.19
80	4,940.67	4,138.79	80	N/A	N/A

Premiums are based on issue age.
 *Home health care benefit is \$100/day.

	Nursing Home Care	Home Health Care
Daily Benefit Amount	\$60 - \$250 per day	\$60 - \$250 per day
Benefit Period	1, 2, 3, 5 years or lifetime	1, 2, 3, 5 years or lifetime
Elimination Period	0, 20, 100, 180, or 365 days	0, 20, 100, 180, or 365 days
	Must be met once per lifetime.	

**Other Benefits Included
 in Basic Policy**

Adult Day Care
 Alternative Plan of Care
 Ambulance
 Assisted Living Facility
 Bed Reservation
 Care Coordination
 Caregiver Training
 Equipment Purchase
 Guaranteed Purchase
 Hospice Care
 Respite Care
 Restoration of Benefits
 Spousal Discount
 Waiver of Premium

**Optional Benefits for
 Additional Premium**

Inflation Protection
 Nonforfeiture Benefit
 Paid-up Survivor
 Return of Premium

Guarantee Trust Life Insurance Company
1275 Milwaukee Avenue
Glenview, IL 60025

Consumer Service Telephone No. 1-800-338-7452

Form No. G0201-WI

First-Year Commission: Ages: Under 60 90%
 60-64 90%
 65-74 84%
 75-79 70%
 80+ 50%

Preexisting Condition
Waiting Period: None

Health History Requested: Detailed health history

Claim Payment Method: Actual charge up to daily benefit

Activities of Daily Living (ADLs) Required: 2

Annual Premium for \$100/Day Nursing Home Benefit and \$100/Day Home Health Care* (Optional Benefits Not Included)						
3-Year Benefit Period			Lifetime Benefit Period			
Age	Elimination Period		Age	Elimination Period		
	30 Days	90 Days		30 Days	90 Days	
50	\$ 271.51	\$ 248.65	50	\$ 362.52	\$ 331.99	
65	1,041.49	953.78	65	1,371.71	1,256.19	
70	1,692.43	1,549.91	70	2,216.07	2,029.45	
75	2,823.40	2,585.64	75	3,688.19	3,377.60	
80	4,476.12	4,099.18	80	N/A	N/A	

Premiums are based on issue age.
 *Home health care benefit is \$100/day.

	Nursing Home Care	Home Health Care
Daily Benefit Amount	\$60 - \$300 per day	\$60 - \$300 per day
Benefit Period	1, 2, 3, 4, 5 years or lifetime	1, 2, 3, 4, 5 years or lifetime
Elimination Period	0, 30, 60, 90, 180, or 365 days	0, 30, 60, 90, 180, or 365 days
	Must be met once per lifetime.	

Other Benefits Included in Basic Policy		Optional Benefits for Additional Premium
Adult Day Care	Equipment Purchase	Inflation Protection
Alternative Plan of Care	Guaranteed Purchase	Nonforfeiture Benefit
Ambulance	Hospice Care	Paid-up Survivor
Assisted Living Facility	Respite Care	Return of Premium
Bed Reservation	Restoration of Benefits	
Care Coordination	Spousal Discount	
Caregiver Training	Waiver of Premium	

Lincoln Benefit Life Company
P.O. Box 4243
Woodland Hills, CA 91365-4243

Consumer Service Telephone No. 1-888-503-8110 **Form No.** LB-7000-P-WI (NQ)

First-Year Commission: Ages: 40-44 52% 60-64 35% **Preexisting Condition**
 45-49 48% 65-69 34% **Waiting Period:** 6 months
 50-54 44% 70-74 32%
 55-59 40% 75-79 30%
 80-84 28%

Health History Requested: Detailed health history

Claim Payment Method: Daily benefit for nursing home; actual charges up to daily benefit for home health care

Activities of Daily Living (ADLs) Required:

- 1 for nursing home care
- 2 for assisted living facility or home health care

**Annual Premium for \$100/Day Nursing Home Benefit
 and \$100/Day Home Health Care*
 (Optional Benefits Not Included)**

3-Year Benefit Period			Lifetime Benefit Period		
Age	Elimination Period		Age	Elimination Period	
	30 Days	90 Days		30 Days	90 Days
50	\$ 368.23	\$ 320.20	50	\$ 526.04	\$ 457.43
65	1,027.16	893.18	65	1,467.38	1,275.98
70	1,724.85	1,499.87	70	2,464.18	2,142.68
75	2,596.98	2,258.24	75	3,709.96	3,226.05
80	4,535.01	3,943.49	80	6,478.58	5,633.55

Premiums are based on issue age.

*Home health care benefit is \$100/day.

	Nursing Home Care	Home Health Care
Daily Benefit Amount	\$60 - \$300 per day	\$60 - \$300 per day
Benefit Period	3, 5 years or lifetime	3, 5 years or lifetime
Elimination Period	0, 30, or 90 days	0, 30, or 90 days
Must be met once per lifetime.		

**Other Benefits Included
 in Basic Policy**

Adult Day Care
 Alternative Plan of Care
 Assisted Living Facility
 Bed Reservation
 Care Coordination
 Caregiver Training
 Equipment Purchase
 Hospice Care
 Respite Care
 Restoration of Benefits
 Waiver of Premium

**Optional Benefits for
 Additional Premium**

Inflation Protection
 Nonforfeiture Benefit
 Return of Premium
 Spousal Discount
 Waiver of Premium
 (Home Health Care)

National States Insurance Company
1830 Craig Park Court, Suite 100
St. Louis, MO 63146

Consumer Service Telephone No. 1-800-868-6788

Form No. WAL-1

First-Year Commission: 60% **Preexisting Condition Waiting Period:** 6 months

Health History Requested: Detailed health history

Claim Payment Method: Actual charges up to fixed amount

Activities of Daily Living (ADLs) Required: 2

**Annual Premium for \$100/Day Nursing Home Benefit
 and \$100/Day Home Health Care***
 (Optional Benefits Not Included)

3-Year Benefit Period			5-Year Benefit Period**		
Age	Elimination Period		Age	Elimination Period	
	20 Days	100 Days		20 Days	100 Days
50	\$ 340.00	\$ 310.00	50	\$ 450.00	\$ 410.00
65	880.00	780.00	65	1,130.00	1,000.00
70	1,370.00	1,200.00	70	1,760.00	1,550.00
75	2,250.00	1,940.00	75	2,870.00	2,480.00
80	3,860.00	3,290.00	80	4,960.00	4,240.00

Premiums are based on issue age.

* Home health care benefit is \$100/day.

** Lifetime benefit not offered.

Nursing Home Care

Home Health Care

Daily Benefit Amount \$60 - \$200 per day

\$60 - \$200 per day

Benefit Period 1, 2, 3, 4, or 5 years

1, 2, 3, 4, or 5 years

Elimination Period 0, 20, 100, or 180 days

0, 20, 100, or 180 days

Must be met each benefit period.

**Other Benefits Included
 in Basic Policy**

Adult Day Care
 Assisted Living Facility
 Bed Reservation
 Home Care
 Homemaker Services
 Hospice Care
 Respite Care
 Restoration of Benefits
 Waiver of Premium

**Optional Benefits for
 Additional Premium**

Inflation Protection
 Nonforfeiture Benefit

Pennsylvania Life Insurance Company
600 Courtland Street
Orlando, FL 32804

Consumer Service Telephone No. 1-800-275-7366

Form No. P30WI (Rev. 1/02)

First-Year Commission: Ages: Under 55 74%
 55-59 70%
 60-64 66%
 65-69 62%

Preexisting Condition
Waiting Period: 6 months

Health History Requested: Detailed health history

Claim Payment Method: Actual charges

Activities of Daily Living (ADLs) Required: 2

Annual Premium for \$100/Day Nursing Home Benefit and \$100/Day Home Health Care* (Optional Benefits Not Included)						
3-Year Benefit Period			Lifetime Benefit Period			
Age	Elimination Period		Age	Elimination Period		
	30 Days	90 Days		30 Days	90 Days	
50	N/A	N/A	50	N/A		\$ 594.00
65	N/A	N/A	65	N/A		1,426.70
70	N/A	N/A	70	N/A		2,414.50
75	N/A	N/A	75	N/A		3,949.00
80	N/A	N/A	80	N/A		6,828.80

Premiums are based on issue age.
 * Home health care benefit is \$100/day.

	Nursing Home Care	Home Health Care
Daily Benefit Amount	\$60 - \$150 per day	\$60 - \$150 per day
Benefit Amount	\$80,000, \$150,000, \$250,000 or unlimited	\$80,000, \$150,000, \$250,000 or unlimited
Elimination Period	0, 20, or 90 days	0, 20, or 90 days
Must be met once per lifetime.		

**Other Benefits Included
in Basic Policy**

Adult Day Care
 Alternative Plan of Care
 Assisted Living Facility
 Bed Reservation
 Care Coordination
 Caregiver Training
 Guaranteed Purchase
 Hospice Care
 Respite Care
 Restoration of Benefits
 Spousal Discount
 Waiver of Premium

**Optional Benefits for
Additional Premium**

Inflation Protection
 Nonforfeiture Benefit

GROUP LONG-TERM CARE INSURANCE POLICIES
(This includes both tax-qualified and nontax-qualified plans.)

Aetna Life Insurance Company
151 Farmington Avenue
Hartford, CT 06156

Consumer Service Telephone No. 1-800-537-8521

Form No. GR-700-W
 Service Reimbursement Plan

First-Year Commission: 15% first year
 5% renewal years

Preexisting Condition
Waiting Period: None

Health History Requested: General health questions (except active employees)

Claim Payment Method: Actual charges up to fixed amount, or percent of charges

Activities of Daily Living (ADLs) Required: 2

Annual Premium for \$100/Day Nursing Home Benefit and \$50/Day Home Health Care (Optional Benefits Not Included)						
3-Year Benefit Period			Lifetime Benefit Period			
Age	Elimination Period		Age	Elimination Period		
	30 Days	90 Days		30 Days	90 Days	
50	\$ 250.80	\$ 217.20	50	N/A	N/A	
65	939.60	807.60	65	N/A	N/A	
70	1,479.60	1,262.40	70	N/A	N/A	
75	2,347.20	1,982.40	75	N/A	N/A	
80	3,846.00	3,186.00	80	N/A	N/A	

Premiums are based on issue age.

Nursing Home Care		Home Health Care
Daily Benefit Amount	\$60 - \$350 per day	50% - 80% of nursing home benefit
Benefit Period	2, 3, 4, 5, or 7 years	2, 3, 4, 5, or 7 years
Elimination Period	30, 60, 90, 120, or 180 days Must be met once per lifetime.	30, 60, 90, 120, or 180 days

Other Benefits Included in Basic Policy		Optional Benefits for Additional Premium
Adult Day Care	Equipment Purchase	Inflation Protection
Alternative Plan of Care	Guaranteed Purchase	Nonforfeiture Benefit
Assisted Living Facility	Hospice Care	Return of Premium
Bed Reservation	Respite Care	
Care Coordination	Restoration of Benefits	
Caregiver Training	Spousal Discount	
Case Management	Waiver of Premium	

Aetna Life Insurance Company
151 Farmington Avenue
Hartford, CT 06156

Consumer Service Telephone No. 1-800-537-8521

Form No. GR-700-W
 Disability Plan

First-Year Commission: 15% first year
 5% renewal years

Preexisting Condition
Waiting Period: None

Health History Requested: General health questions (except active employees)

Claim Payment Method: Daily benefit

Activities of Daily Living (ADLs) Required: 3

Annual Premium for \$100/Day Nursing Home Benefit and \$50/Day Home Health Care (Optional Benefits Not Included)						
3-Year Benefit Period			Lifetime Benefit Period			
Age	Elimination Period		Age	Elimination Period		
	30 Days	90 Days		30 Days	90 Days	
50	\$ 295.20	\$ 278.40	50	N/A	N/A	
65	1,015.20	914.40	65	N/A	N/A	
70	1,581.60	1,374.00	70	N/A	N/A	
75	2,497.20	2,080.80	75	N/A	N/A	
80	4,003.20	3,084.00	80	N/A	N/A	

Premiums are based on issue age.

Nursing Home Care		Home Health Care
Daily Benefit Amount	\$60 - \$250 per day	50% of nursing home benefit
Benefit Period	2, 3, 4, or 5 years	2, 3, 4, or 5 years
Elimination Period	30, 60, 90, 120, or 180 days Must be met once per lifetime.	30, 60, 90, 120, or 180 days

Other Benefits Included in Basic Policy		Optional Benefits for Additional Premium
Adult Day Care	Case Management	Inflation Protection
Alternative Plan of Care	Equipment Purchase	Nonforfeiture Benefit
Ambulance	Guaranteed Purchase	Return of Premium
Assisted Living Facility	Hospice Care	
Bed Reservation	Restoration of Benefits	
Care Coordination	Waiver of Premium	
Caregiver Training		

MedAmerica Insurance Company
Foster Plaza, Building 5
651 Holiday Drive, Suite 300
Pittsburgh, PA 15220

Consumer Service Telephone No. 1-800-544-0327 **Form No.** GRP11-341-MA-WI-601

First-Year Commission: 28% **Preexisting Condition Waiting Period:** None

Health History Requested: General health questions

Claim Payment Method: Actual charges up to daily benefit

Activities of Daily Living (ADLs) Required: 2

Annual Premium for \$100/Day Nursing Home Benefit and \$100*/Day Home Health Care (Optional Benefits Not Included)						
3-Year Benefit Period			Lifetime Benefit Period			
Age	Elimination Period		Age	Elimination Period		
	20 Days	90 Days		20 Days	90 Days	
50	\$ 243.00	\$ 221.40	50	\$ 441.00	\$ 401.80	
65	828.00	754.40	65	1,422.00	1,295.60	
70	1,251.00	1,139.80	70	2,133.00	1,943.40	
75	1,881.00	1,713.80	75	3,195.00	2,911.00	
80	2,862.00	2,607.60	80	4,860.00	4,428.00	
Premiums are based on issue age.						
*Premium calculations have been changed to fit into product design.						

Nursing Home Care		Home Health Care
Daily Benefit Amount	\$60 minimum, no maximum	100% of nursing home benefits
Benefit Period	2, 3, 4, 5 years or lifetime	2, 3, 4, 5 years or lifetime
Elimination Period	0, 20, 60, 90, or 180 days	0, 20, 60, 90, or 180 days
Must be met once per lifetime.		

Other Benefits Included in Basic Policy		Optional Benefits for Additional Premium
Adult Day Care	Case Management	Inflation Protection
Alternative Plan of Care	Equipment Purchase	Nonforfeiture Benefit
Assisted Living Facility	Hospice Care	
Bed Reservation	Respite Care	
Care Coordination	Spousal Discount	
Caregiver Training	Waiver of Premium	

Metropolitan Life Insurance Company
P.O. Box 937
Westport, CT 06881-0937

Consumer Service Telephone No. 1-800-452-1393 **Form No.** G.LTC 1497 (AARP)

First-Year Commission: 0 **Preexisting Condition Waiting Period:** None

Health History Requested: Detailed health history

Claim Payment Method: Actual charges up to monthly benefit limit

Activities of Daily Living (ADLs) Required: 2

**Annual Premium for \$100/Day Nursing Home Benefit
 and \$50/Day Home Health Care
 (Optional Benefits Not Included)**

4-Year Benefit Period			Lifetime Benefit Period		
Age	Elimination Period		Age	Elimination Period	
	30 Days	90 Days		30 Days	90 Days
50	\$ 328.80	N/A	50	\$ 451.20	N/A
65	1,116.00	N/A	65	1,413.60	N/A
70	1,759.20	N/A	70	2,210.40	N/A
75	2,772.00	N/A	75	3,453.60	N/A
80	N/A	N/A	80	N/A	N/A

Premiums are based on issue age.

Nursing Home Care

Monthly Benefit Amount \$1,800 - \$6,000 per month

Benefit Period 4 years or lifetime

Elimination Period 30 days

Must be met once per lifetime.

Home Health Care

50% or 80% of monthly benefit

4 years or lifetime

30 days

**Other Benefits Included
 in Basic Policy**

Adult Day Care
 Alternative Plan of Care
 Assisted Living Facility
 Bed Reservation
 Care Coordination
 Hospice Care
 Instrumental Activities
 of Daily Living
 Respite Care
 Spousal Discount
 Waiver of Premium

**Optional Benefits for
 Additional Premium**

Guaranteed Purchase
 Inflation Protection
 Nonforfeiture Benefit

UNUM Life Insurance Company of America
2211 Congress Street
Portland, ME 04122

Consumer Service Telephone No. 1-800-558-6224

Form No. TQGLTC95 ER

First-Year Commission: 15%

Preexisting Condition Waiting Period: 6 months

Health History Requested: No health questions asked for employees; general health questions asked for family members and retirees

Claim Payment Method: Daily benefit

Activities of Daily Living (ADLs) Required: 2

**Annual Premium for \$100/Day Nursing Home Benefit
and \$50/Day Home Health Care
(Optional Benefits Not Included)**

3-Year Benefit Period			Lifetime Benefit Period		
Age	Elimination Period		Age	Elimination Period	
	60 Days	90 Days		60 Days	90 Days
50	\$ 316.80	\$ 298.80	50	\$ 612.00	\$ 576.00
65	943.20	885.60	65	1,810.80	1,699.20
70	1,458.00	1,368.00	70	2,804.40	2,635.20
75	2,502.00	2,354.40	75	4,752.00	4,467.60
80	3,804.48	3,582.00	80	7,192.80	6,760.80

Premiums are based on issue age.

Nursing Home Care

Home Health Care

Daily Benefit Amount \$60 - \$200 per day

\$30 - \$200 per day

Benefit Period 2, 3, 6 years or lifetime

2, 3, 6 years or lifetime

Elimination Period 60 or 90 days

60 or 90 days

Must be met once per lifetime.

**Other Benefits Included
in Basic Policy**

Adult Day Care
Assisted Living Facility
Bed Reservation
Equipment Purchase
Guaranteed Purchase
Hospice Care
Respite Care
Waiver of Premium

**Optional Benefits for
Additional Premium**

Inflation Protection
Nonforfeiture Benefit
Return of Premium

WEA Insurance Corporation
45 Nob Hill Road
Madison, WI 53713

Consumer Service Telephone No. 1-608-276-4000 **Form No.** IC LGL 2929-255-0702

First-Year Commission: 0 **Preexisting Condition Waiting Period:** None

Health History Requested: No health questions for employees; health questions asked for employees' spouses

Claim Payment Method: 75% of actual charges up to benefit limit

Activities of Daily Living (ADLs) Required: 3

Annual Premium for LTC Coverage

As part of the WEACARE Package:

\$44.00 a month/\$528.00 a year

As part of the WEACARE II Package:

\$47.40 a month/\$568.80 a year

As a freestanding policy:

\$50.80 a month/\$609.60 a year

Premium is not rated on age, sex, or benefit period. Premium cited is cost per employee (including spouse if spouse qualifies).

Maximum lifetime benefit for each covered participant is \$269,379.00.

Nursing Home Care

Home Health Care

Daily Benefit Amount 75% of actual charges up to a maximum of \$179.95 per day

75% of actual charges up to \$179.95 per day

Benefit Period Lifetime

Lifetime

Elimination Period 30 days

30 days

Must be met once per lifetime.

**Other Benefits Included
in Basic Policy**

Adult Day Care
Alternative Plan of Care
Assisted Living Facility
Bed Reservation
Care Coordination
Case Management
Guaranteed Purchase
Hospice Care
Inflation Protection
Respite Care
Return of Premium
Spousal Discount
Waiver of Premium

**Optional Benefits for
Additional Premium**

Domestic Partner Benefit
(no additional premium)
Nonforfeiture Benefit

**INDIVIDUAL TAX-QUALIFIED
LONG-TERM CARE INSURANCE POLICIES**

Allianz Life Insurance Company of North America
5701 Golden hills Drive
Minneapolis, MN 55416

Consumer Service Telephone No. 1-800-950-1962

Form No. 7-P-Q-WI

First-Year Commission: Ages: 18-64 51% 75-79 39%
 65-69 48% 80-84 35%
 70-74 42%

Preexisting Condition
Waiting Period: None

Health History Requested: General health questions

Claim Payment Method: Daily benefit

Activities of Daily Living (ADLs) Required: 2

Annual Premium for \$100/Day Nursing Home Benefit and \$50/Day Home Health Care (Optional Benefits Not Included)						
3-Year Benefit Period			Lifetime Benefit Period			
Age	Elimination Period		Age	Elimination Period		
	30 Days	90 Days		30 Days	90 Days	
50	\$ 371.00	\$ 323.00	50	\$ 561.00	\$ 488.00	
65	923.00	803.00	65	1,406.00	1,223.00	
70	1,466.00	1,275.00	70	2,251.00	1,958.00	
75	2,536.00	2,205.00	75	3,873.00	3,368.00	
80	4,157.00	3,615.00	80	6,236.00	5,423.00	

Premiums are based on issue age.

	Nursing Home Care	Home Health Care
Daily Benefit Amount	\$60 - \$350 per day	0%, 50%, or 100% of nursing home benefit
Benefit Period	2, 3, 4, 5, 8 years or lifetime	2, 3, 4, 5, 8 years or lifetime
Elimination Period	7, 30, 60, 90, or 180 days	7, 30, 60, 90, or 180 days
Must be met once per lifetime.		

**Other Benefits Included
in Basic Policy**

Alternative Plan of Care
 Assisted Living Facility
 Bed Reservation
 Care Coordination
 Caregiver Training
 Respite Care
 Spousal Discount
 Waiver of Premium

**Optional Benefits for
Additional Premium**

Adult Day Care
 Hospice Care
 Inflation Protection
 Nonforfeiture Benefit
 Paid-up Survivor
 Restoration of Benefits
 Return of Premium

Allianz Life Insurance Company of North America
5701 Golden hills Drive
Minneapolis, MN 55416

Consumer Service Telephone No. 1-800-950-1962

Form No. 8-P-Q-WI

First-Year Commission: 31%

Preexisting Condition Waiting Period: None

Health History Requested: General health questions

Claim Payment Method: Daily benefit

Activities of Daily Living (ADLs) Required: 2

Annual Premium for \$100/Day Nursing Home Benefit and \$50/Day Home Health Care (Optional Benefits Not Included)						
3-Year Benefit Period			Lifetime Benefit Period			
Age	Elimination Period		Age	Elimination Period		
	30 Days	90 Days		30 Days	90 Days	
50	N/A	\$ 296.00	50	N/A	N/A	
65	N/A	608.00	65	N/A	N/A	
70	N/A	920.00	70	N/A	N/A	
75	N/A	1,464.00	75	N/A	N/A	
80	N/A	N/A	80	N/A	N/A	

Premiums are based on issue age.

	Nursing Home Care	Home Health Care
Daily Benefit Amount	\$60 - \$350 per day	0 or 50% of nursing home benefit
Benefit Period	2, 3, or 5 years	2, 3, or 5 years
Elimination Period	90 days	90 days
Must be met once per lifetime.		

**Other Benefits Included
in Basic Policy**
 Alternative Plan of Care
 Assisted Living Facility
 Spousal Discount

**Optional Benefits for
Additional Premium**
 Adult Day Care
 Hospice Care
 Inflation Protection
 Nonforfeiture Benefit

**American Family Life Assurance Company of Columbus (AFLAC)
 1932 Wynnton Road
 Columbus, GA 31999**

Consumer Service Telephone No. 1-800-992-3522

Form No. A-27000-WI

First-Year Commission: Ages: 18-39 10%
 40-65 53%

Preexisting Condition
Waiting Period: None

Health History Requested: General health questions

Claim Payment Method: Daily benefit

Activities of Daily Living (ADLs) Required: 2

Annual Premium for \$100/Day Nursing Home Benefit and \$50/Day Home Health Care (Optional Benefits Not Included)					
3-Year Benefit Period			Lifetime Benefit Period		
Age	Elimination Period		Age	Elimination Period	
	20 Days	100 Days		20 Days	100 Days
50	\$ 456.00	N/A	50	\$ 624.00	N/A
65	1,260.00	N/A	65	1,716.00	N/A
70	N/A	N/A	70	N/A	N/A
75	N/A	N/A	75	N/A	N/A
80	N/A	N/A	80	N/A	N/A
Premiums are based on issue age.					

	Nursing Home Care	Home Health Care
Daily Benefit Amount	\$60 - \$200 per day	\$30 - \$100 per day
Benefit Period	2, 3, 5 years or lifetime	250, 400, or 500 visits
Elimination Period	0 days	0 days

**Other Benefits Included
in Basic Policy**

Adult Day Care
 Assisted Living Facility
 Waiver of Premium

**Optional Benefits for
Additional Premium**

Inflation Protection
 Nonforfeiture Benefit

American Family Life Assurance Company of Columbus (AFLAC)
1932 Wynnton Road
Columbus, GA 31999

Consumer Service Telephone No. 1-800-992-3522

Form No. A-25200-WI

First-Year Commission: Ages: 50-79 52%
 80-84 12.5%

Preexisting Condition
Waiting Period: None

Health History Requested: General health questions

Claim Payment Method: Daily benefit

Activities of Daily Living (ADLs) Required: 3

Annual Premium for \$100/Day Nursing Home Benefit and \$50/Day Home Health Care (Optional Benefits Not Included)						
3-Year Benefit Period			Lifetime Benefit Period			
Age	Elimination Period		Age	Elimination Period		
	20 Days	100 Days		20 Days	100 Days	
50	\$ 286.00	\$ 264.00	50	\$ 484.00	\$ 440.00	
65	990.00	836.00	65	1,441.00	1,199.00	
70	1,529.00	1,265.00	70	2,189.00	1,826.00	
75	2,486.00	2,024.00	75	3,421.00	2,904.00	
80	N/A	3,014.00	80	N/A	N/A	

Premiums are based on issue age.

	Nursing Home Care	Home Health Care
Daily Benefit Amount	\$60 - \$170 per day	\$30 - \$85 per day
Benefit Period	2, 3, 5 years or lifetime	12, 18, 30 months or lifetime
Elimination Period	0, 20, or 100 days	0 days
Must be met once per lifetime.		

**Other Benefits Included
in Basic Policy**
 Adult Day Care
 Assisted Living Facility
 Bed Reservation
 Hospice Care
 Respite Care
 Spousal Discount
 Waiver of Premium

**Optional Benefits for
Additional Premium**
 Inflation Protection
 Nonforfeiture Benefit

Bankers Life and Casualty Company
222 Merchandise Mart Plaza
Chicago, IL 60654-2013

Consumer Service Telephone No. 1-888-282-8252

Form No. GR-N350

First-Year Commission: Ages: Under 55 44%
 55-59 40%
 60-74 36%
 75-84 32%
 85-89 22%

Preexisting Condition
Waiting Period: None

Health History Requested: Detailed health history

Claim Payment Method: Actual charges up to daily benefit

Activities of Daily Living (ADLs) Required: 2

Annual Premium for \$100/Day Nursing Home Benefit and \$50/Day Home Health Care (Optional Benefits Not Included)						
3-Year Benefit Period			Lifetime Benefit Period			
Age	Elimination Period		Age	Elimination Period		
	30 Days	90 Days		30 Days	90 Days	
50	\$ 317.20	\$ 285.12	50	\$ 511.06	\$ 466.13	
65	922.75	829.44	65	1,464.37	1,335.64	
70	1,499.47	1,347.84	70	2,373.46	2,164.81	
75	2,436.64	2,190.24	75	3,808.35	3,473.55	
80	3,830.38	3,443.04	80	N/A	N/A	
Premiums are based on issue age.						

		Nursing Home Care	Home Health Care
Daily Benefit Amount	Ages 18-79: Ages 80-84: Ages 85-89:	\$60 - \$300 per day \$60 - \$200 per day \$60 - \$150 per day	50% or 100% of nursing home benefit
Benefit Period		365 - 2,920 days or lifetime	365 - 2,920 days or lifetime
Elimination Period		0, 15, 30, 60, 90, or 180 days	0, 15, 30, 60, 90, or 180 days
Must be met once per lifetime.			

Other Benefits Included in Basic Policy		Optional Benefits for Additional Premium
Adult Day Care	Equipment Purchase	Inflation Protection
Alternate Plan of Care	Hospice Care	Nonforfeiture Benefit
Ambulance	Respite Care	Paid-up Survivor
Assisted Living Facility	Restoration of Benefits	Return of Premium
Bed Reservation	Spousal Discount	
Care Coordination	Waiver of Premium	
Caregiver Training		

The Cincinnati Life Insurance Company
P.O. Box 145496
Cincinnati, OH 45250-5496

Consumer Service Telephone No. 1-800-921-9371 **Form No.** LTC-100(04/99)-WI

First-Year Commission: 38% **Preexisting Condition Waiting Period:** None

Health History Requested: Detailed health history

Claim Payment Method: Actual charges

Activities of Daily Living (ADLs) Required: 2

Annual Premium for \$100/Day Nursing Home Benefit and \$100/Day Home Health Care* (Optional Benefits Not Included)						
3-Year Benefit Period			Lifetime Benefit Period			
Elimination Period			Elimination Period			
Age	50 Days	100 Days	Age	50 Days	100 Days	
50	\$ 470.00	\$ 400.00	50	\$ 700.00	\$ 650.00	
65	1,120.00	960.00	65	1,700.00	1,580.00	
70	1,810.00	1,560.00	70	2,760.00	2,580.00	
75	3,170.00	2,710.00	75	4,770.00	4,410.00	
80	5,130.00	4,410.00	80	N/A	N/A	

Premiums are based on issue age.
 * Home health care benefit is \$100/day.

	Nursing Home Care	Home Health Care
Daily Benefit Amount	\$60 - \$250 per day	\$30 - \$250 per day
Benefit Period	730, 1,095, 1,460, 2,190 days or lifetime	730, 1,095, 1,460, 2,190 days or lifetime
Elimination Period	50 or 100 days	50 or 100 days
Must be met once per lifetime.		

**Other Benefits Included
in Basic Policy**

Adult Day Care
 Assisted Living Facility
 Bed Reservation
 Care Coordination
 Caregiver Training
 Equipment Purchase
 Hospice Care
 Paid-up Survivor
 Respite Care
 Spousal Discount
 Waiver of Premium

**Optional Benefits for
Additional Premium**

Inflation Protection
 Nonforfeiture Benefit
 Restoration of Benefits

Combined Insurance Company of America
5050 North Broadway
Chicago, IL 60640

Consumer Service Telephone No. 1-800-999-2170

Form No. 14785-WI

First-Year Commission: 25%

Preexisting Condition Waiting Period: None

Health History Requested: Detailed health history

Claim Payment Method: Actual charges up to fixed amount

Activities of Daily Living (ADLs) Required: 2

**Annual Premium for \$100/Day Nursing Home Benefit
 and \$50/Day Home Health Care
 (Optional Benefits Not Included)**

\$120,000 Maximum Plan

Lifetime Benefit Period

Age	Elimination Period	
	30 Days	90 Days
50	\$ 390.00	\$ 340.00
65	1,150.00	1,010.00
70	1,880.00	1,650.00
75	3,260.00	2,860.00
80	5,290.00	4,640.00

Age	Elimination Period	
	30 Days	90 Days
50	\$ 620.00	\$ 540.00
65	1,780.00	1,560.00
70	2,740.00	2,400.00
75	4,870.00	4,270.00
80	7,870.00	6,900.00

Premiums are based on issue age.

Nursing Home Care

Home Health Care

Daily Benefit Amount \$60 - \$250 per day

\$30 - \$250 per day

Benefit Period 400, 800, 1,200, 1,600
days or lifetime

400, 800, 1,200, 1,600
days or lifetime

Elimination Period 30, 60, 90, or 180 days

30, 60, 90, or 180 days

Must be met each benefit period.

**Other Benefits Included
 in Basic Policy**

Adult Day Care
 Alternate Plan of Care
 Ambulance
 Assisted Living Facility
 Bed Reservation
 Care Coordination
 Caregiver Training
 Emergency Response System
 Equipment Purchase
 Hospice Care
 Respite Care
 Restoration of Benefits
 Spousal Discount
 Waiver of Premium

**Optional Benefits for
 Additional Premium**
 Inflation Protection
 Nonforfeiture Benefit
 Return of Premium

Continental General Insurance Company
8901 Indian Hills Drive
Omaha, NE 68124-7007

Consumer Service Telephone No. 1-877-291-5434

Form No. 4T1

First-Year Commission: Ages: Under 55 75%
 55-69 70%
 70-79 65%
 80-89 60%
 85+ 55%

Preexisting Condition
Waiting Period: None

Health History Requested: Detailed health history

Claim Payment Method: Actual charges up to daily benefit

Activities of Daily Living (ADLs) Required: 2

**Annual Premium for \$100/Day Nursing Home Benefit
 and \$50/Day Home Health Care
 (Optional Benefits Not Included)**

2-Year Benefit Period			Lifetime Benefit Period		
Age	Elimination Period		Age	Elimination Period	
	30 Days	90 Days		30 Days	90 Days
50	\$ 400.00	\$ 330.00	50	\$ 940.00	\$ 750.00
65	950.00	800.00	65	2,080.00	1,710.00
70	1,590.00	1,330.00	70	3,190.00	2,670.00
75	2,640.00	2,250.00	75	5,220.00	4,410.00
80	4,310.00	3,640.00	80	N/A	N/A

Premiums are based on issue age.

Nursing Home Care

Home Health Care

Daily Benefit Amount	\$60 - \$250 per day	\$60 - \$250 per day
Benefit Period	365, 730, 1,095, 1,825 days or lifetime	365, 730, 1,095, 1,825 days or lifetime
Elimination Period	0, 30, 90, 180, or 365 days Must be met once per lifetime.	0, 30, 90, 180, or 365 days

**Other Benefits Included
 in Basic Policy**

Adult Day Care	Caregiver Training
Alternative Plan of Care	Hospital Care
Ambulance	Respite Care
Assisted Living Facility	Spousal Discount
Bed Reservation	Waiver of Premium
Care Coordination	

**Optional Benefits for
 Additional Premium**

Inflation Protection
Nonforfeiture Benefit
Paid-up Survivor
Personal Caregiver Rider
Spousal Access Rider

Country Life Insurance Company
1711 GE Road
Bloomington, IL 61704

Consumer Service Telephone No. 1-309-821-3494

Form No. LTC-400

First-Year Commission: 31% average **Preexisting Condition Waiting Period:** None

Health History Requested: General health questions

Claim Payment Method: Actual charges up to fixed amount

Activities of Daily Living (ADLs) Required: 2

Annual Premium for \$100/Day Nursing Home Benefit and \$50/Day Home Health Care (Optional Benefits Not Included)						
3-Year Benefit Period			Lifetime Benefit Period			
Age	Elimination Period		Age	Elimination Period		
	30 Days	90 Days		30 Days	90 Days	
50	\$ 413.00	\$ 396.00	50	\$ 586.00	\$ 560.00	
65	1,026.00	975.00	65	1,481.00	1,405.00	
70	1,609.00	1,525.00	70	2,371.00	2,242.00	
75	2,752.00	2,602.00	75	4,085.00	3,853.00	
80	4,618.00	4,356.00	80	6,931.00	6,511.00	

Premiums are based on issue age.

	Nursing Home Care	Home Health Care
Daily Benefit Amount	\$60 - \$250 per day	\$30 - \$250 per day
Benefit Period	2, 3, 4, 5 years or lifetime	2, 3, 4, 5 years or lifetime
Elimination Period	30, 90, 180, or 365 days	30, 90, 180, or 365 days
Must be met once per lifetime.		

**Other Benefits Included
in Basic Policy**

Adult Day Care
 Alternative Plan of Care
 Assisted Living Facility
 Bed Reservation
 Care Coordination
 Caregiver Training
 Case Management
 Equipment Purchase
 Hospice Care
 Respite Care
 Spousal Discount
 Waiver of Premium

**Optional Benefits for
Additional Premium**

Inflation Protection
 Nonforfeiture Benefit
 Paid-up Survivor

Country Life Insurance Company
1711 GE Road
Bloomington, IL 61704

Consumer Service Telephone No. 1-309-821-3494

Form No. LTC-440

First-Year Commission: 31% average **Preexisting Condition Waiting Period:** None

Health History Requested: General health questions

Claim Payment Method: Actual charges up to fixed amount

Activities of Daily Living (ADLs) Required: 2

**Annual Premium for \$100/Day Nursing Home Benefit
 and \$50/Day Home Health Care
 (Optional Benefits Not Included)**

6-Year Benefit Period			Lifetime Benefit Period		
Age	Elimination Period		Age	Elimination Period	
	30 Days	90 Days		30 Days	90 Days
50	\$ 768.00	\$ 736.00	50	N/A	N/A
65	1,910.00	1,814.00	65	N/A	N/A
70	2,993.00	2,838.00	70	N/A	N/A
75	5,118.00	4,841.00	75	N/A	N/A
80	8,590.00	8,102.00	80	N/A	N/A

Premiums are based on issue age.

This policy is issued to a husband and wife. They share benefit funds.

	Nursing Home Care	Home Health Care
Daily Benefit Amount	\$60 - \$250 per day	\$30 - \$250 per day
Benefit Period	6, 8, or 10 years	6, 8, or 10 years
Elimination Period	30, 90, 180, or 365 days	30, 90, 180, or 365 days
Must be met once per lifetime by each insured.		

**Other Benefits Included
 in Basic Policy**

Adult Day Care
 Alternative Plan of Care
 Assisted Living Facility
 Bed Reservation
 Care Coordination
 Caregiver Training
 Case Management
 Equipment Purchase
 Hospice Care
 Respite Care
 Waiver of Premium

**Optional Benefits for
 Additional Premium**

Inflation Protection
 Nonforfeiture Benefit
 Paid-up Survivor

CUNA Mutual Life Insurance Company
2000 Heritage Way
Waverly, IA 50677

Consumer Service Telephone No. 1-800-643-5264

Form No. 2002-LTC-FAC(WI)

First-Year Commission: Ages: 18-59 68%
 60-74 64%
 75-85 54%

Preexisting Condition
Waiting Period: None

Health History Requested: General health questions

Claim Payment Method: Actual charges up to daily benefit

Activities of Daily Living (ADLs) Required: 2

**Annual Premium for \$100/Day Nursing Home Benefit
 and \$60/Day Home Health Care*
 (Optional Benefits Not Included)**

2-Year Benefit Period			Lifetime Benefit Period		
Age	Elimination Period		Age	Elimination Period	
	30 Days	90 Days		30 Days	90 Days
50	\$ 268.80	\$ 240.00	50	\$ 571.20	\$ 510.00
65	739.20	660.00	65	1,601.60	1,430.00
70	1,164.80	1,040.00	70	2,486.40	2,220.00
75	1,803.20	1,610.00	75	3,763.20	3,360.00
80	2,923.20	2,610.00	80	6,014.40	5,370.00

Premiums are based on issue age.

* Home health care benefit is \$60/day.

	Nursing Home Care	Home Health Care
Daily Benefit Amount	\$60 - \$500 per day	\$60 - \$500 per day
Benefit Period	1, 2, 3, 4, 5 years or lifetime	1, 2, 3, 4, 5 years or lifetime
Elimination Period	30, 60, 90, or 180 days	30, 60, 90, or 180 days
Must be met each benefit period.		

**Other Benefits Included
 in Basic Policy**

Ambulance
 Assisted Living Facility
 Bed Reservation
 Care Coordination
 Caregiver Training
 Hospice Care
 Paid-up Survivor
 Spousal Discount
 Waiver of Premium
 Worldwide Coverage

**Optional Benefits for
 Additional Premium**

Adult Day Care
 Alternative Plan of Care
 Equipment Purchase
 Inflation Protection
 Nonforfeiture Benefit
 Respite Care
 Restoration of Benefits

General Electric Capital Assurance Company
1650 Los Gamos Drive
San Rafael, CA 94903

Consumer Service Telephone No. 1-800-456-7766

Form No. 7042WI

First-Year Commission: 60%

Preexisting Condition Waiting Period: None

Health History Requested: Detailed health history

Claim Payment Method: Actual charges up to fixed amount

Activities of Daily Living (ADLs) Required: 2

Annual Premium for \$3,000/Month Nursing Home Benefit* and \$50/Month Home Health Care (Optional Benefits Not Included)					
3-Year Benefit Period			Lifetime Benefit Period		
Age	Elimination Period		Age	Elimination Period	
	30 Days	90 Days		30 Days	90 Days
50	\$ 590.00	\$ 480.00	50	\$1,010.00	\$ 840.00
65	1,230.00	1,030.00	65	2,230.00	1,850.00
70	1,990.00	1,660.00	70	3,660.00	3,050.00
75	3,550.00	2,970.00	75	6,480.00	5,400.00
80	6,100.00	5,080.00	80	N/A	N/A

Premiums are based on issue age.

	Nursing Home Care	Home Health Care
Daily Benefit Amount	\$60 - \$400 per day	\$60 - \$400 per day
Benefit Period	2, 3, 4, 5, 6, 8, 10 years or lifetime	2, 3, 4, 5, 6, 8, 10 years or lifetime
Elimination Period	30, 90 or 180 days	30, 90 or 180 days
Must be met once per lifetime.		

Other Benefits Included in Basic Policy		Optional Benefits for Additional Premium
Adult Day Care	Hospice Care	Inflation Protection
Alternative Plan of Care	Instrumental Activities of Daily Living	Nonforfeiture Benefit
Assisted Living Facility	Respite Care	Paid-up Survivor
Bed Reservation	Spousal Discount	Restoration of Benefits
Care Coordination	Waiver of Premium	
Caregiver Training		
Equipment Purchase		

General Electric Capital Assurance Company
1650 Los Gamos Drive
San Rafael, CA 94903

Consumer Service Telephone No. 1-800-456-7766

Form No. 7044WI

First-Year Commission: 60%

Preexisting Condition Waiting Period: None

Health History Requested: Detailed health history

Claim Payment Method: Actual charges up to fixed amount

Activities of Daily Living (ADLs) Required: 2

**Annual Premium for \$3,000/Month Nursing Home Benefit*
 and \$3,000/Month Home Health Care*
 (Optional Benefits Not Included)**

3-Year Benefit Period			Lifetime Benefit Period		
Age	Elimination Period**		Age	Elimination Period**	
	30 Days	90 Days		30 Days	90 Days
50	\$ 750.00	\$ 660.00	50	\$1,290.00	\$1,170.00
65	1,560.00	1,410.00	65	2,820.00	2,550.00
70	2,520.00	2,280.00	70	4,620.00	4,200.00
75	4,500.00	4,080.00	75	8,160.00	7,410.00
80	7,710.00	6,990.00	80	N/A	N/A

Premiums are based on issue age.

* Nursing home benefit and home health care benefit are \$3,000/month.

** Elimination period applies only to facility benefits.

	Nursing Home Care	Home Health Care
Monthly Benefit Amount	\$1,800 - \$12,000 per month	\$1,800 - \$12,000 per month
Benefit Period	2, 3, 4, 5, 6, 8, 10 years or lifetime	2, 3, 4, 5, 6, 8, 10 years or lifetime
Elimination Period	30, 90 or 180 days	0 days
Must be met once per lifetime.		

Other Benefits Included in Basic Policy		Optional Benefits for Additional Premium
Adult Day Care	Hospice Care	Inflation Protection
Alternative Plan of Care	Instrumental Activities	Nonforfeiture Benefit
Assisted Living Facility	of Daily Living	Restoration of Benefits
Bed Reservation	Paid-up Survivor	
Care Coordination	Respite Care	
Caregiver Training	Spousal Discount	
Equipment Purchase	Waiver of Premium	

Great American Life Insurance Company
P.O. Box 559002
Austin, TX 78755-9002

Consumer Service Telephone No. 1-800-880-2745

Form No. 2LTCIP0001(WI)

First-Year Commission: Ages: Under 55 38% 70-74 30%
 55-59 36% 75-79 24%
 60-64 34% 80-84 22%
 65-69 32%

Preexisting Condition
Waiting Period: None

Health History Requested: General health questions;
 possible medical records and interview

Claim Payment Method: Actual charges

Activities of Daily Living (ADLs) Required: 2

Annual Premium for \$100/Day Nursing Home Benefit and \$50/Day Home Health Care (Optional Benefits Not Included)						
3-Year Benefit Period			Lifetime Benefit Period			
Elimination Period			Elimination Period			
Age	20 Days	90 Days	Age	20 Days	90 Days	
50	\$ 326.00	\$ 282.00	50	\$ 501.00	\$ 433.00	
65	819.00	708.00	65	1,261.00	1,090.00	
70	1,261.00	1,090.00	70	1,946.00	1,682.00	
75	2,330.00	2,015.00	75	3,608.00	3,119.00	
80	3,984.00	3,444.00	80	6,139.00	5,307.00	

Premiums are based on issue age.

	Nursing Home Care	Home Health Care
Daily Benefit Amount	\$60 - \$250 per day	\$30 - \$250 per day
Benefit Period	2, 3, 4, 5, 6 years or lifetime	2, 3, 4, 5, 6 years or lifetime
Elimination Period	0, 20, 60, 90, or 180 days	0, 20, 60, 90, or 180 days
Must be met once per lifetime.		

**Other Benefits Included
in Basic Policy**

Adult Day Care
 Alternative Plan of Care
 Assisted Living Facility
 Bed Reservation
 Care Coordination
 Caregiver Training
 Case Management
 Equipment Purchase
 Hospice Care
 Respite Care
 Restoration of Benefits
 Spousal Discount

**Optional Benefits for
Additional Premium**

Inflation Protection
 Nonforfeiture Benefit
 Paid-up Survivor
 Restoration of Benefits
 Return of Premium
 Shared Advantage Rider

Guarantee Trust Life Insurance Company
1275 Milwaukee Avenue
Glenview, IL 60025

Consumer Service Telephone No. 1-800-338-7452

Form No. G0100-WI

First-Year Commission: Ages: Under 60 80%
 60-64 75%
 65-74 70%
 75-79 65%
 80+ 45%

Preexisting Condition
Waiting Period: None

Health History Requested: Detailed health history

Claim Payment Method: Actual charges up to daily benefit

Activities of Daily Living (ADLs) Required: 2

Annual Premium for \$100/Day Nursing Home Benefit and \$100/Day Home Health Care* (Optional Benefits Not Included)						
3-Year Benefit Period			Lifetime Benefit Period			
Age	Elimination Period		Age	Elimination Period		
	20 Days	100 Days		20 Days	100 Days	
50	\$ 285.40	\$ 239.10	50	\$ 381.00	\$ 319.20	
65	1,094.80	917.10	65	1,442.00	1,207.90	
70	1,779.20	1,490.40	70	2,329.50	1,951.40	
75	2,968.00	2,486.30	75	3,877.00	3,247.80	
80	4,705.40	3,941.70	80	N/A	N/A	

Premiums are based on issue age.
 *Home health care benefit is \$100/day.

	Nursing Home Care	Home Health Care
Daily Benefit Amount	\$60 - \$250 per day	\$60 - \$250 per day
Benefit Period	1, 2, 3, 5 years or lifetime	1, 2, 3, 5 years or lifetime
Elimination Period	0, 20, 100, 180, or 365 days	0, 20, 100, 180, or 365 days
	Must be met once per lifetime.	

Other Benefits Included in Basic Policy		Optional Benefits for Additional Premium
Adult Day Care	Equipment Purchase	Inflation Protection
Alternative Plan of Care	Guaranteed Purchase	Nonforfeiture Benefit
Ambulance	Hospice Care	Paid-up Survivor
Assisted Living Facility	Respite Care	Return of Premium
Bed Reservation	Restoration of Benefits	
Care Coordination	Spousal Discount	
Caregiver Training	Waiver of Premium	

Guarantee Trust Life Insurance Company
1275 Milwaukee Avenue
Glenview, IL 60025

Consumer Service Telephone No. 1-800-338-7452

Form No. G0200-WI

First-Year Commission: Ages: Under 60 90%
 60-64 90%
 65-74 84%
 75-79 70%
 80+ 50%

Preexisting Condition
Waiting Period: None

Health History Requested: Detailed health history

Claim Payment Method: Actual charges up to daily benefit

Activities of Daily Living (ADLs) Required: 2

Annual Premium for \$100/Day Nursing Home Benefit and \$100/Day Home Health Care* (Optional Benefits Not Included)						
3-Year Benefit Period			Lifetime Benefit Period			
Age	Elimination Period		Age	Elimination Period		
	30 Days	90 Days		30 Days	90 Days	
50	\$ 258.59	\$ 236.81	50	\$ 345.23	\$ 316.16	
65	991.90	908.37	65	1,306.35	1,196.34	
70	1,611.87	1,476.13	70	2,110.52	1,932.79	
75	2,688.98	2,462.54	75	3,512.53	3,216.74	
80	4,262.94	3,903.95	80	N/A	N/A	

Premiums are based on issue age.
 *Home health care benefit is \$100/day.

	Nursing Home Care	Home Health Care
Daily Benefit Amount	\$60 - \$300 per day	\$60 - \$300 per day
Benefit Period	1, 2, 3, 4, 5 years or lifetime	1, 2, 3, 4, 5 years or lifetime
Elimination Period	0, 30, 60, 90, 180, or 365 days	0, 30, 60, 90, 180, or 365 days
	Must be met once per lifetime.	

Other Benefits Included in Basic Policy		Optional Benefits for Additional Premium
Adult Day Care	Equipment Purchase	Inflation Protection
Alternative Plan of Care	Guaranteed Purchase	Nonforfeiture Benefit
Ambulance	Hospice Care	Paid-up Survivor
Assisted Living Facility	Respite Care	Return of Premium
Bed Reservation	Restoration of Benefits	
Care Coordination	Spousal Discount	
Caregiver Training	Waiver of Premium	

John Hancock Life Insurance Company
P.O. Box 117
Boston, MA 02117

Consumer Service Telephone No. 1-800-543-6415

Form No. LTC-02 WI

First-Year Commission: 56%

Preexisting Condition Waiting Period: None

Health History Requested: Detailed health history

Claim Payment Method: Actual charges up to benefit limit

Activities of Daily Living (ADLs) Required: 2

Annual Premium for \$100/Day Nursing Home Benefit and \$50/Day Home Health Care (Optional Benefits Not Included)						
3-Year Benefit Period			Lifetime Benefit Period			
Age	Elimination Period		Age	Elimination Period		
	60 Days	90 Days		60 Days	90 Days	
50	\$ 403.00	\$ 367.00	50	\$ 651.00	\$ 592.00	
65	962.00	874.00	65	1,551.00	1,410.00	
70	1,551.00	1,410.00	70	2,543.00	2,312.00	
75	2,606.00	2,369.00	75	4,188.00	3,807.00	
80	N/A	3,835.00	80	N/A	N/A	

Premiums are based on issue age.

	Nursing Home Care	Home Health Care
Daily Benefit Amount	Ages 40-79: \$60 - \$500 per day Ages 80-84: \$60 - \$250 per day	\$60 - \$500 per day \$60 - \$250 per day
Benefit Period	2, 3, 4, 5, 6, 10 years or lifetime (Ages 80-84: 2 or 3 years)	2, 3, 4, 5, 6, 10 years or lifetime (Ages 80-84: 2 or 3 years)
Elimination Period	30, 60, 90, 180, or 365 days (Ages 80-84: 90, 180 or 365 days)	30, 60, 90, 180, or 365 days (Ages 80-84: 90, 180 or 365 days)

Must be met once per lifetime.

**Other Benefits Included
in Basic Policy**

Adult Day Care
 Assisted Living Facility
 Bed Reservation
 Care Coordination
 Caregiver Training
 Case Management
 Equipment Purchase
 Hospice Care
 Respite Care
 Spousal Discount
 Waiver of Premium

**Optional Benefits for
Additional Premium**

Inflation Protection
 Nonforfeiture Benefit
 Paid-up Survivor
 Restoration of Benefits

John Hancock Life Insurance Company
P.O. Box 117
Boston, MA 02117

Consumer Service Telephone No. 1-800-543-6415

Form No. BSC-02 WI

First-Year Commission: 56%

Preexisting Condition Waiting Period: None

Health History Requested: Detailed health history

Claim Payment Method: Actual charges up to benefit limit

Activities of Daily Living (ADLs) Required: 2

Annual Premium for \$100/Day Nursing Home Benefit and \$50/Day Home Health Care (Optional Benefits Not Included)					
3-Year Benefit Period			Lifetime Benefit Period		
Age	Elimination Period		Age	Elimination Period	
	60 Days	90 Days		60 Days	90 Days
50	\$ 344.00	\$ 313.00	50	\$ 546.00	\$ 497.00
65	807.00	736.00	65	1,305.00	1,187.00
70	1,305.00	1,187.00	70	2,145.00	1,950.00
75	2,196.00	1,996.00	75	3,522.00	3,202.00
80	N/A	3,229.00	80	N/A	N/A

Premiums are based on issue age.

	Nursing Home Care	Home Health Care
Daily Benefit Amount	Ages 40-79: \$60 - \$500 per day Ages 80-84: \$60 - \$250 per day	\$60 - \$500 per day \$60 - \$250 per day
Benefit Period	2, 3, 4, 5, 6, 10 years or lifetime (Ages 80-84: 2 or 3 years)	2, 3, 4, 5, 6, 10 years or lifetime (Ages 80-84: 2 or 3 years)
Elimination Period	30, 60, 90, 180, or 365 days (Ages 80-84: 90, 180 or 365 days)	30, 60, 90, 180, or 365 days (Ages 80-84: 90, 180 or 365 days)
Must be met once per lifetime.		

**Other Benefits Included
in Basic Policy**

Adult Day Care
 Assisted Living Facility
 Bed Reservation
 Hospice Care
 Respite Care
 Spousal Discount
 Waiver of Premium

**Optional Benefits for
Additional Premium**

Inflation Protection
 Nonforfeiture Benefit

Kanawha Insurance Company
210 South White Street, P.O. Box 610
Lancaster, SC 29720

Consumer Service Telephone No. 1-800-635-4252

Form No. 82000 1/01 WI

First-Year Commission: Ages: 16-79 76%
 80-84 67% (2-year benefit only)

Preexisting Condition
Waiting Period: None

Health History Requested: Detailed health history

Claim Payment Method: Daily benefit

Activities of Daily Living (ADLs) Required: 2

**Annual Premium for \$100/Day Nursing Home Benefit
 and \$50/Day Home Health Care
 (Optional Benefits Not Included)**

3-Year Benefit Period			Lifetime Benefit Period		
Age	Elimination Period		Age	Elimination Period	
	30 Days	90 Days		30 Days	90 Days
50	\$ 239.70	\$ 214.55	50	\$ 403.95	\$ 361.70
65	784.20	702.25	65	1,082.25	969.25
70	1,435.15	1,285.30	70	1,810.60	1,621.40
75	2,729.60	2,444.40	75	3,268.00	2,926.65
80	N/A	N/A	80	N/A	N/A

Premiums are based on issue age.

	Nursing Home Care	Home Health Care
Daily Benefit Amount	\$60 - \$250 per day	\$60 - \$250 per day
Benefit Period	2, 3, 4 years or lifetime	2, 3, 4 years or lifetime
Elimination Period	0, 30, 90, or 180 days	0, 30, 90, or 180 days
Must be met once per lifetime.		

**Other Benefits Included
 in Basic Policy**

Adult Day Care
 Alternative Plan of Care
 Assisted Living Facility
 Bed Reservation
 Hospice Care
 Restoration of Benefits
 Waiver of Premium

**Optional Benefits for
 Additional Premium**

Guaranteed Purchase
 Inflation Protection
 Instrumental Activities
 of Daily Living
 Nonforfeiture Benefit
 Paid-up Survivor
 Respite Care
 Return of Premium
 Spousal Discount

**Knights of Columbus
 One Columbus Plaza
 New Haven, CT 06510**

Consumer Service Telephone No. 1-800-214-9825 **Form No.** LTC01-WI 6-99

First-Year Commission: 20% **Preexisting Condition Waiting Period:** None

Health History Requested: Detailed health history

Claim Payment Method: Actual charges

Activities of Daily Living (ADLs) Required: 2

Annual Premium for \$100/Day Nursing Home Benefit and \$100/Day Home Health Care* (Optional Benefits Not Included)						
3-Year Benefit Period			Lifetime Benefit Period			
Age	Elimination Period		Age	Elimination Period		
	30 Days	90 Days		30 Days	90 Days	
50	\$ 407.00	\$ 363.00	50	\$ 681.00	\$ 608.00	
65	1,042.00	930.00	65	1,772.00	1,582.00	
70	1,679.00	1,499.00	70	2,867.00	2,560.00	
75	3,080.00	2,750.00	75	4,388.00	3,918.00	
80	4,434.00	3,959.00	80	6,322.00	5,645.00	

Premiums are based on issue age.
 *Home health care benefit is \$100/day.

	Nursing Home Care	Home Health Care
Daily Benefit Amount	\$60 - \$250 per day	\$60 - \$250 per day
Benefit Period	3, 5 years or lifetime	3, 5 years or lifetime
Elimination Period	30, 60, 90, or 180 days	30, 60, 90, or 180 days
Must be met once per lifetime.		

Other Benefits Included in Basic Policy		Optional Benefits for Additional Premium
Adult Day Care	Equipment Purchase	Inflation Protection
Alternative Plan of Care	Guaranteed Purchase	Nonforfeiture Benefit
Assisted Living Facility	Hospice Care	Return of Premium
Bed Reservation	Respite Care	
Care Coordination	Spousal Discount	
Caregiver Training	Waiver of Premium	
Case Management		

The Lafayette Life Insurance Company
P.O. Box 549268
Waltham, MA 02454-9268

Consumer Service Telephone No. 1-866-452-9776 **Form No.** LLIC-LTC-WI 2-01

First-Year Commission: 17% **Preexisting Condition Waiting Period:** None

Health History Requested: Detailed health history

Claim Payment Method: Actual charges

Activities of Daily Living (ADLs) Required: 2

Annual Premium for \$100/Day Nursing Home Benefit and \$50/Day Home Health Care (Optional Benefits Not Included)						
3-Year Benefit Period			Lifetime Benefit Period			
Age	Elimination Period		Age	Elimination Period		
	20 Days	90 Days		20 Days	90 Days	
50	\$ 427.00	\$ 381.00	50	\$ 713.00	\$ 637.00	
65	1,370.00	1,223.00	65	2,014.00	1,798.00	
70	1,925.00	1,719.00	70	3,216.00	2,871.00	
75	3,227.00	2,881.00	75	5,389.00	4,812.00	
80*	5,042.00	4,502.00	80	8,424.00	7,521.00	

Premiums are based on issue age.

	Nursing Home Care	Home Health Care
Monthly Benefit Amount	\$3,000 - \$9,000 per month	\$3,000 - \$9,000 per month
Benefit Period	2, 3, 4, 5 years or lifetime	2, 3, 4, 5 years or lifetime
Elimination Period	20, 60, 90, or 180 days	20, 60, 90, or 180 days
Must be met once per lifetime.		

**Other Benefits Included
in Basic Policy**

Adult Day Care
 Alternative Plan of Care
 Assisted Living Facility
 Bed Reservation
 Care Coordination
 Caregiver Training
 Case Management
 Equipment Purchase
 Hospice Care
 Respite Care
 Spousal Discount
 Waiver of Premium

**Optional Benefits for
Additional Premium**
 Inflation Protection
 Nonforfeiture Benefit

Lincoln Benefit Life Company
P.O. Box 4243
Woodland Hills, CA 91365-4243

Consumer Service Telephone No. 1-888-503-8110 **Form No.** LB-7000-P-WI(Q)

First-Year Commission: Ages: 40-44 52% 65-69 34% **Preexisting Condition**
 45-49 48% 70-74 32% **Waiting Period:** 6 months
 50-54 44% 75-79 30%
 55-59 40% 80-84 28%
 60-64 36%

Health History Requested: Detailed health history

Claim Payment Method: Daily benefit for nursing home; actual charges up to daily benefit for home health care

Activities of Daily Living (ADLs) Required: 2

Annual Premium for \$100/Day Nursing Home Benefit and \$100/Day Home Health Care* (Optional Benefits Not Included)					
3-Year Benefit Period			Lifetime Benefit Period		
Age	Elimination Period		Age	Elimination Period	
	30 Days	90 Days		30 Days	90 Days
50	\$ 344.74	\$ 299.25	50	\$ 491.63	\$ 427.50
65	959.96	834.75	65	1,371.38	1,192.50
70	1,612.01	1,401.75	70	2,302.88	2,002.50
75	2,427.08	2,110.50	75	3,467.25	3,015.00
80	4,238.33	3,685.50	80	6,054.75	5,265.00

Premiums are based on issue age.
 *Home health care benefit is \$100/day.

	Nursing Home Care	Home Health Care
Daily Benefit Amount	\$60 - \$300 per day	\$60 - \$300 per day
Benefit Period	3, 5 years or lifetime	3, 5 years or lifetime
Elimination Period	0, 30, or 90 days	0, 30, or 90 days
Must be met once per lifetime.		

**Other Benefits Included
in Basic Policy**

Adult Day Care
 Alternative Plan of Care
 Assisted Living Facility
 Bed Reservation
 Care Coordination
 Caregiver Training
 Equipment Purchase
 Hospice Care
 Respite Care
 Restoration of Benefits
 Waiver of Premium

**Optional Benefits for
Additional Premium**

Inflation Protection
 Nonforfeiture Benefit
 Paid-up Survivor
 Return of Premium
 Spousal Discount
 Waiver of Premium
 (Home Health Care)

Madison National Life Insurance Company
P.O. Box 549268
Waltham, MA 02454-9268

Consumer Service Telephone No. 1-866-452-9776 **Form No.** MNLI-LTC-WI 2-01

First-Year Commission: 17% **Preexisting Condition Waiting Period:** None

Health History Requested: Detailed health history

Claim Payment Method: Actual charges

Activities of Daily Living (ADLs) Required: 2

Annual Premium for \$100/Day Nursing Home Benefit and \$50/Day Home Health Care (Optional Benefits Not Included)						
3-Year Benefit Period			Lifetime Benefit Period			
Age	Elimination Period		Age	Elimination Period		
	20 Days	90 Days		20 Days	90 Days	
50	\$ 427.00	\$ 381.00	50	\$ 713.00	\$ 637.00	
65	1,370.00	1,223.00	65	2,014.00	1,798.00	
70	1,925.00	1,719.00	70	3,216.00	2,871.00	
75	3,227.00	2,881.00	75	5,389.00	4,812.00	
80*	5,042.00	4,502.00	80	8,424.00	7,521.00	

Premiums are based on issue age.

	Nursing Home Care	Home Health Care
Monthly Benefit Amount	\$3,000 - \$9,000 per month	\$3,000 - \$9,000 per month
Benefit Period	2, 3, 4, 5 years or lifetime	2, 3, 4, 5 years or lifetime
Elimination Period	20, 60, 90, or 180 days	20, 60, 90, or 180 days
Must be met once per lifetime.		

**Other Benefits Included
in Basic Policy**

Adult Day Care
 Alternative Plan of Care
 Assisted Living Facility
 Bed Reservation
 Care Coordination
 Caregiver Training
 Case Management
 Equipment Purchase
 Hospice Care
 Respite Care
 Spousal Discount
 Waiver of Premium

**Optional Benefits for
Additional Premium**

Inflation Protection
 Nonforfeiture Benefit

Massachusetts Mutual Life
P.O. Box 4243
Woodland Hills, CA 91365-4243

Consumer Service Telephone No. 1-888-505-8952 **Form No.** MM-300-P-WI

First-Year Commission: Ages: 40-44 64% 65-69 48% **Preexisting Condition**
 45-49 60% 70-79 44% **Waiting Period:** None
 50-54 56% 80+ 40%
 55-64 52%

Health History Requested: Detailed health history

Claim Payment Method: Actual charges up to fixed amount (Indemnity option available)

Activities of Daily Living (ADLs) Required: 2

Annual Premium for \$100/Day Nursing Home Benefit and \$100/Day Home Health Care* (Optional Benefits Not Included)						
3-Year Benefit Period			Lifetime Benefit Period			
Age	Elimination Period		Age	Elimination Period		
	30 Days	90 Days		30 Days	90 Days	
50	\$ 342.00	\$ 297.00	50	\$ 543.00	\$ 472.00	
65	800.00	696.00	65	1,270.00	1,104.00	
70	1,333.00	1,159.00	70	2,116.00	1,840.00	
75	2,318.00	2,016.00	75	3,680.00	3,200.00	
80	4,173.00	3,629.00	80	6,624.00	5,760.00	

Premiums are based on issue age.
 *Home health care benefit is \$100/day.

	Nursing Home Care	Home Health Care
Daily Benefit Amount	\$60 - \$300 per day	\$60 - \$300 per day
Benefit Period	3, 6 years or lifetime	3, 6 years or lifetime
Elimination Period	0, 30, or 90 days	0, 30, or 90 days
Must be met once per lifetime.		

Other Benefits Included in Basic Policy	Optional Benefits for Additional Premium
Adult Day Care	Inflation Protection
Alternative Plan of Care	Nonforfeiture Benefit
Assisted Living Facility	Paid-up Survivor
Bed Reservation	Restoration of Benefits
Care Coordination	Return of Premium
Caregiver Training	Waiver of Premium
Equipment Purchase	(Home Health Care)
Hospice Care	
Instrumental Activities of Daily Living	
Respite Care	
Spousal Discount	
Waiver of Premium	

MedAmerica Insurance Company
Foster Plaza, Building 5
651 Holiday Drive, Suite 300
Pittsburgh, PA 15220

Consumer Service Telephone No. 1-800-544-0327 **Form No.** LTQ11-336-MA-WI-601

First-Year Commission: Ages: Up to 75 64% **Preexisting Condition**
 75 and Over 60% **Waiting Period:** None

Health History Requested: General health questions

Claim Payment Method: Actual charges up to daily benefit

Activities of Daily Living (ADLs) Required: 2

**Annual Premium for \$100/Day Nursing Home Benefit
 and \$100/Day Home Health Care*
 (Optional Benefits Not Included)**

3-Year Benefit Period			Lifetime Benefit Period		
Age	Elimination Period		Age	Elimination Period	
	20 Days	90 Days		20 Days	90 Days
50	\$ 288.00	\$ 262.40	50	\$ 513.00	\$ 467.40
65	918.00	836.00	65	1,584.00	1,443.20
70	1,503.00	1,369.40	70	2,583.00	2,353.40
75	2,385.00	2,173.00	75	4,095.00	3,731.00
80	4,005.00	3,649.00	80	6,957.00	6,338.60

Premiums are based on issue age.

*Home health care benefit is \$100/day.

	Nursing Home Care	Home Health Care
Daily Benefit Amount	\$60 minimum, no maximum	100% of nursing home benefit
Benefit Period	2, 3, 4, 5 years or lifetime	2, 3, 4, 5 years or lifetime
Elimination Period	0, 20, 60, 90, or 180 days	0, 20, 60, 90, or 180 days
	Must be met once per lifetime.	

Other Benefits Included in Basic Policy		Optional Benefits for Additional Premium
Adult Day Care	Case Management	Inflation Protection
Alternative Plan of Care	Equipment Purchase	Nonforfeiture Benefit
Assisted Living Facility	Hospice Care	Paid-up Survivor
Bed Reservation	Respite Care	Restoration of Benefits
Care Coordination	Spousal Discount	Return of Premium
Caregiver Training	Waiver of Premium	

Metropolitan Life Insurance Company
P.O. Box 937
Westport, CT 06881-0937

Consumer Service Telephone No. 1-800-308-0179 **Form No.** LTC-Ideal
First-Year Commission: 36% **Preexisting Condition Waiting Period:** None
Health History Requested: Detailed health history
Claim Payment Method: Actual charges up to monthly benefit
Activities of Daily Living (ADLs) Required: 2

Annual Premium for \$100/Day Nursing Home Benefit and \$50/Day Home Health Care (Optional Benefits Not Included)						
4-Year Benefit Period			Lifetime Benefit Period			
Age	Elimination Period		Age	Elimination Period		
	20 Days	100 Days		20 Days	100 Days	
50	\$ 387.90	\$ 337.30	50	\$ 635.95	\$ 553.00	
65	994.06	864.40	65	1,629.55	1,417.00	
70	1,703.96	1,481.70	70	2,793.35	2,429.00	
75	3,101.32	2,696.80	75	5,084.15	4,421.00	
80	5,434.56	4,725.70	80	N/A	N/A	

Premiums are based on issue age.

	Nursing Home Care	Home Health Care
Daily Benefit Amount	\$60 - \$400 per day	50%, 75%, or 100% of nursing home benefit
Benefit Period	2, 3, 4, 5, 7 years or lifetime	2, 3, 4, 5, 7 years or lifetime
Elimination Period	20, 45, or 100 days	20, 45, or 100 days
	Must be met once per lifetime.	

Other Benefits Included in Basic Policy		Optional Benefits for Additional Premium
Adult Day Care	Hospice Care	Guaranteed Purchase
Alternative Plan of Care	Instrumental Activities of Daily Living	Inflation Protection
Assisted Living Facility	Paid-up Survivor	Nonforfeiture Benefit
Bed Reservation	Respite Care	Restoration of Benefits
Care Coordination	Spousal Discount	Return of Premium
Caregiver Training	Waiver of Premium	
Equipment Purchase		

Metropolitan Life Insurance Company
P.O. Box 937
Westport, CT 06881-0937

Consumer Service Telephone No. 1-800-308-0179

Form No. LTC-Val

First-Year Commission: 36% **Preexisting Condition Waiting Period:** None

Health History Requested: Detailed health history

Claim Payment Method: Actual charges up to daily benefit

Activities of Daily Living (ADLs) Required: 2

Annual Premium for \$100/Day Nursing Home Benefit and \$50/Day Home Health Care (Optional Benefits Not Included)						
4-Year Benefit Period			Lifetime Benefit Period			
Age	Elimination Period		Age	Elimination Period		
	20 Days	100 Days		20 Days	100 Days	
50	\$ 318.09	\$ 276.60	50	\$ 521.53	\$ 453.50	
65	815.12	708.80	65	1,336.19	1,161.90	
70	1,397.25	1,215.00	70	2,290.57	1,991.80	
75	2,543.11	2,211.40	75	4,168.98	3,625.20	
80	4,456.25	3,875.00	80	N/A	N/A	

Premiums are based on issue age.

	Nursing Home Care	Home Health Care
Daily Benefit Amount	\$60 - \$400 per day	50%, 75%, or 100% of nursing home benefit
Benefit Period	2, 3, 4, 5, 7 years or lifetime	2, 3, 4, 5, 7 years or lifetime
Elimination Period	20, 45, or 100 days	20, 45, or 100 days
Must be met once per lifetime.		

**Other Benefits Included
in Basic Policy**

Adult Day Care
 Alternative Plan of Care
 Assisted Living Facility
 Bed Reservation
 Care Coordination
 Caregiver Training
 Hospice Care
 Respite Care
 Spousal Discount
 Waiver of Premium

**Optional Benefits for
Additional Premium**

Guaranteed Purchase
 Inflation Protection
 Nonforfeiture Benefit
 Restoration of Benefits
 Return of Premium

Metropolitan Life Insurance Company
P.O. Box 937
Westport, CT 06881-0937

Consumer Service Telephone No. 1-800-308-0179 **Form No.** LTC-Prem
First-Year Commission: 36% **Preexisting Condition Waiting Period:** None
Health History Requested: Detailed health history
Claim Payment Method: Full daily benefit if confined to facility; otherwise actual charges up to daily benefit
Activities of Daily Living (ADLs) Required: 2

Annual Premium for \$100/Day Nursing Home Benefit and \$50/Day Home Health Care (Optional Benefits Not Included)						
4-Year Benefit Period			Lifetime Benefit Period			
Age	Elimination Period		Age	Elimination Period		
	20 Days	100 Days		20 Days	100 Days	
50	\$ 531.42	\$ 462.10	50	N/A	N/A	
65	1,312.15	1,141.00	65	N/A	N/A	
70	2,249.17	1,955.80	70	N/A	N/A	
75	3,969.69	3,451.90	75	N/A	N/A	
80	6,956.24	6,048.90	80	N/A	N/A	

Premiums are based on issue age.

	Nursing Home Care	Home Health Care
Daily Benefit Amount	\$60 - \$400 per day	50%, 75%, or 100% of nursing home benefit
Benefit Period	2, 3, 4, 5, or 7 years	2, 3, 4, 5, or 7 years
Elimination Period	20, 45, or 100 days	20, 45, or 100 days
Must be met once per lifetime.		

**Other Benefits Included
in Basic Policy**

Assisted Living Facility
 Bed Reservation
 Care Coordination
 Hospice Care
 Paid-up Survivor
 Spousal Discount
 Waiver of Premium

**Optional Benefits for
Additional Premium**

Guaranteed Purchase
 Inflation Protection
 Nonforfeiture Benefit
 Return of Premium

National Insurance Company of Wisconsin
250 South Executive Drive
Brookfield, WI 53005

Consumer Service Telephone No. 1-866-452-9776 **Form No.** NICW-LTC-WI 2-01

First-Year Commission: 17% **Preexisting Condition Waiting Period:** None

Health History Requested: Detailed health history

Claim Payment Method: Actual charges

Activities of Daily Living (ADLs) Required: 2

**Annual Premium for \$3,000/Month Nursing Home Benefit*
 and \$3,000/Month Home Health Care*
 (Optional Benefits Not Included)**

3-Year Benefit Period			5-Year Benefit Period		
Elimination Period			Elimination Period		
Age	20 Days	90 Days	Age	20 Days	90 Days
50	\$ 427.00	\$ 381.00	50	\$ 713.00	\$ 637.00
65	1,370.00	1,223.00	65	2,014.00	1,798.00
70	1,925.00	1,719.00	70	3,216.00	2,871.00
75	3,227.00	2,881.00	75	5,389.00	4,812.00
80*	5,042.00	4,502.00	80	8,424.00	7,521.00

Premiums are based on issue age.

* Nursing home benefit and home health care benefit are \$3,000/month.

	Nursing Home Care	Home Health Care
Monthly Benefit Amount	\$3,000 - \$9,000 per month	\$3,000 - \$9,000 per month
Benefit Period	2, 3, 4, 5 years or lifetime	2, 3, 4, 5 years or lifetime
Elimination Period	20, 60, 90, or 180 days	20, 60, 90, or 180 days
Must be met once per lifetime.		

**Other Benefits Included
 in Basic Policy**

Adult Day Care
 Alternative Plan of Care
 Assisted Living Facility
 Bed Reservation
 Care Coordination
 Caregiver Training
 Case Management
 Equipment Purchase
 Hospice Care
 Respite Care
 Spousal Discount
 Waiver of Premium

**Optional Benefits for
 Additional Premium**

Inflation Protection
 Nonforfeiture Benefit

National States Insurance Company
1830 Craig Park Court, Suite 100
St. Louis, MO 63146

Consumer Service Telephone No. 1-800-868-6788

Form No. QLW-1

First-Year Commission: 60% **Preexisting Condition Waiting Period:** 6 months

Health History Requested: Detailed health history

Claim Payment Method: Actual charges up to fixed amount

Activities of Daily Living (ADLs) Required: 2

**Annual Premium for \$100/Day Nursing Home Benefit
 and \$100/Day Home Health Care*
 (Optional Benefits Not Included)**

3-Year Benefit Period			5-Year Benefit Period**		
Elimination Period			Elimination Period		
Age	20 Days	100 Days	Age	20 Days	100 Days
50	\$ 340.00	\$ 310.00	50	\$ 450.00	\$ 410.00
65	880.00	780.00	65	1,130.00	1,000.00
70	1,370.00	1,200.00	70	1,760.00	1,550.00
75	2,250.00	1,940.00	75	2,870.00	2,480.00
80	3,860.00	3,290.00	80	4,960.00	4,240.00

Premiums are based on issue age.

* Home health care benefit is \$100/day.

** Lifetime benefit not offered.

Nursing Home Care

Home Health Care

Daily Benefit Amount \$60 - \$200 per day

\$60 - \$200 per day

Benefit Period 1, 2, 3, 4, or 5 years

1, 2, 3, 4, or 5 years

Elimination Period 0, 20, 100, or 180 days
 Must be met each benefit period.

0, 20, 100, or 180 days

**Other Benefits Included
 in Basic Policy**

Adult Day Care
 Assisted Living Facility
 Bed Reservation
 Home Care
 Homemaker Services
 Hospice Care
 Respite Care
 Restoration of Benefits
 Waiver of Premium

**Optional Benefits for
 Additional Premium**

Inflation Protection
 Nonforfeiture Benefit

New York Life Insurance Company
51 Madison Avenue
New York, NY 10010

Consumer Service Telephone No. 1-800-224-4582 **Form No.** ILTC-5000(WI)(1001)

First-Year Commission: 42% **Preexisting Condition Waiting Period:** None

Health History Requested: Detailed health history

Claim Payment Method: Actual charges except per diem for informal care

Activities of Daily Living (ADLs) Required: 2

Annual Premium for \$100/Day Nursing Home Benefit and \$50/Day Home Health Care (Optional Benefits Not Included)						
3-Year Benefit Period			5-Year Benefit Period			
Age	Elimination Period		Age	Elimination Period		
	20 Days	90 Days		20 Days	90 Days	
50	\$ 448.15	\$ 306.95	50	\$ 556.75	\$ 381.30	
65	1,374.10	941.15	65	1,683.20	1,152.90	
70	2,110.85	1,445.80	70	2,568.05	1,758.90	
75	3,585.15	2,455.55	75	4,356.25	2,983.75	
80	5,783.75	3,961.50	80	7,030.10	4,815.15	
Premiums are based on issue age.						

	Nursing Home Care	Home Health Care
Daily Benefit Amount	\$60 - \$400 per day	\$30 - \$400 per day
Benefit Period	2, 3, 4, 5 years or lifetime	2, 3, 4, 5 years or lifetime
Elimination Period	20, 90, or 180 days	20, 90, or 180 days
Must be met once per lifetime.		

**Other Benefits Included
in Basic Policy**

Adult Day Care
 Alternative Plan of Care
 Assisted Living Facility
 Bed Reservation
 Care Coordination
 Caregiver Training
 Equipment Purchase
 Hospice Care
 Respite Care
 Return of Premium
 Restoration of Benefits
 Spousal Discount
 Waiver of Premium

**Optional Benefits for
Additional Premium**

Inflation Protection
 Nonforfeiture Benefit
 Paid-up Survivor

Northwestern Long Term Care Insurance Company
720 East Wisconsin Avenue
Milwaukee, WI 53202

Consumer Service Telephone No. 1-800-890-6704

Form No. RS.LTC.(1101)

First-Year Commission: Ages: 40-75 35.0%
 76 34.5%
 77 34.0%
 78 33.5%
 79 33.0%

Preexisting Condition
Waiting Period: None

Health History Requested: Detailed health history

Claim Payment Method: Actual charges

Activities of Daily Living (ADLs) Required: 2

Annual Premium for \$100/Day Nursing Home Benefit and \$50/Day Home Health Care (Optional Benefits Not Included)						
3-Year Benefit Period			Lifetime Benefit Period			
Age	Elimination Period		Age	Elimination Period		
	30 Days	90 Days		30 Days	90 Days	
50	N/A	\$ 384.00	50	N/A	\$ 519.00	
65	N/A	868.00	65	N/A	1,219.00	
70	N/A	1,424.00	70	N/A	2,018.00	
75	N/A	2,374.00	75	N/A	3,377.00	
80	N/A	N/A	80	N/A	N/A	

Premiums are based on issue age.

	Nursing Home Care	Home Health Care
Daily Benefit Amount	\$60 - \$250 per day	\$30 - \$250 per day
Benefit Period	3, 6 years or lifetime	3, 6 years or lifetime
Elimination Period	45, 90, or 180 days	45, 90, or 180 days
	Must be met once per lifetime.	

**Other Benefits Included
in Basic Policy**

Adult Day Care
 Alternative Plan of Care
 Assisted Living Facility
 Bed Reservation
 Care Coordinator
 Caregiver Training
 Respite Care
 Spousal Discount
 Waiver of Premium

**Optional Benefits for
Additional Premium**

Guaranteed Purchase
 Inflation Protection
 Nonforfeiture Benefit
 Paid-up Survivor

Pennsylvania Life Insurance Company
600 Courtland Street
Orlando, FL 32804

Consumer Service Telephone No. 1-800-275-7366

Form No. P34WI (Rev. 1/02)

First-Year Commission: Ages: Under 55 74% 70-74 58%
 55-59 70% 75-79 54%
 60-64 66% 80-84 50%
 65-69 62%

Preexisting Condition
Waiting Period: 6 months

Health History Requested: Detailed health history

Claim Payment Method: Actual charges

Activities of Daily Living (ADLs) Required: 2

Annual Premium for \$100/Day Nursing Home Benefit and \$100/Day Home Health Care* (Optional Benefits Not Included)					
3-Year Benefit Period			Lifetime Benefit Period		
Age	Elimination Period		Age	Elimination Period	
	30 Days	90 Days		30 Days	90 Days
50	N/A	N/A	50	N/A	\$ 577.50
65	N/A	N/A	65	N/A	1,388.20
70	N/A	N/A	70	N/A	2,348.50
75	N/A	N/A	75	N/A	3,841.20
80	N/A	N/A	80	N/A	6,642.90

Premiums are based on issue age.
 * Home health care benefit is \$100/day.

	Nursing Home Care	Home Health Care
Daily Benefit Amount	\$60 - \$150 per day	\$60 - \$150 per day
Lifetime Benefit Amount	\$80,000, \$150,000, \$250,000 or unlimited	\$80,000, \$150,000, \$250,000 or unlimited
Elimination Period	0, 20, or 90 days	0, 20, or 90 days
Must be met once per lifetime.		

**Other Benefits Included
in Basic Policy**

Adult Day Care
 Alternative Plan of Care
 Assisted Living Facility
 Bed Reservation
 Care Coordination
 Guaranteed Purchase
 Hospice Care
 Respite Care
 Restoration of Benefits
 Spousal Discount
 Waiver of Premium

**Optional Benefits for
Additional Premium**

Inflation Protection
 Nonforfeiture Benefit

Physicians Mutual Insurance Company

Omaha, NE 68131

Consumer Service Telephone No. 1-800-228-9100

Form No. P104 WI

First-Year Commission:

Ages:	18-54	70%	70-74	50%
	55-59	65%	75-79	45%
	60-64	60%	80+	35%
	65-69	55%		

Preexisting Condition
Waiting Period: None

Health History Requested: General health questions

Claim Payment Method: Actual charges

Activities of Daily Living (ADLs) Required: 2

**Annual Premium for \$100/Day Nursing Home Benefit
\$75/Day Home Health Care
(Optional Benefits Not Included)**

3-Year Benefit Period			Lifetime Benefit Period		
Age	Elimination Period		Age	Elimination Period	
	30 Days	90 Days		30 Days	90 Days
50	\$ 529.19	\$ 403.06	50	\$ 798.69	\$ 664.93
65	1,254.42	945.31	65	1,899.29	1,562.48
70	2,085.30	1,569.38	70	3,245.56	2,664.85
75	3,683.31	2,783.25	75	5,663.69	4,628.51
80	5,919.72	4,418.78	80	8,926.60	7,232.55

Premiums are based on issue age.

* Home health care benefit is \$75/day.

	Nursing Home Care	Home Health Care
Daily Benefit Amount	\$60 - \$300 per day	\$50 - \$300 per day
Benefit Period	2, 3, 4, 5 years or lifetime	2, 3, 4, 5 years or lifetime
Elimination Period	0, 30, 60, 90, 180, or 365 days	0, 30, 60, 90, 180, or 365 days

Must be met once per lifetime.

Other Benefits Included in Basic Policy	
Adult Day Care	Case Management
Alternate Plan of Care	Hospice Care
Assisted Living Facility	Respite Care
Bed Reservation	Restoration of Benefits
Care Coordination	Waiver of Premium
Caregiver Training	

**Optional Benefits for
Additional Premium**

- Ambulance
- Guaranteed Purchase
- Inflation Protection
- Nonforfeiture Benefit
- Paid-up Survivor
- Spousal Discount

The Prudential Insurance Company of America
P.O. Box 8519
Philadelphia, PA 19101

Consumer Service Telephone No. 1-800-732-0416

Form No. GRP112202

First-Year Commission: 36%

Preexisting Condition
Waiting Period: None

Health History Requested: Detailed health history

Claim Payment Method: Actual charges

Activities of Daily Living (ADLs) Required: 2

Annual Premium for \$100/Day Nursing Home Benefit and \$50/Day Home Health Care (Optional Benefits Not Included)						
3-Year Benefit Period			Lifetime Benefit Period			
Age	Elimination Period		Age	Elimination Period		
	30 Days	100 Days		30 Days	100 Days	
50	\$ 378.21	\$ 331.76	50	\$ 590.35	\$ 517.85	
65	919.50	806.57	65	1,435.29	1,259.03	
70	1,465.29	1,285.34	70	2,287.27	2,006.37	
75	2,476.48	2,172.35	75	3,865.72	3,390.97	
80	N/A	3,671.66	80	N/A	N/A	

Premiums based on issue age.

	Nursing Home Care	Home Health Care
Daily Benefit Amount	\$60 - \$500 per day	\$60 - \$500 per day
Benefit Period	2, 3, 4, 5 years or lifetime	2, 3, 4, 5 years or lifetime
Elimination Period	30, 60, 90, or 180 days	30, 60, 90, or 180 days
Must be met once per lifetime.		

Other Benefits Included in Basic Policy		Optional Benefits for Additional Premium
Adult Day Care	Case Management	Inflation Protection
Alternative Plan of Care	Equipment Purchase	Nonforfeiture Benefit
Assisted Living Facility	Hospice Care	Paid-up Survivor
Bed Reservation	Respite Care	Restoration of Benefits
Care Coordination	Spousal Discount	
Caregiver Training	Waiver of Premium	

State Farm Mutual Automobile Insurance Company
One State Farm Plaza
Bloomington, IL 61710

Consumer Service Telephone No. Call State Farm Agent **Form No.** 97058WI

First-Year Commission: 40%

Preexisting Condition

Waiting Period: 6 months

Health History Requested: Detailed health history

Claim Payment Method: Actual charges

Activities of Daily Living (ADLs) Required: 2

**Annual Premium for \$100/Day Nursing Home Benefit
 and \$100/Day Home Health Care*
 (Optional Benefits Not Included)**

3-Year Benefit Period			Lifetime Benefit Period		
Elimination Period			Elimination Period		
Age	30 Days	90 Days	Age	30 Days	90 Days
50	\$ 378.00	\$ 344.00	50	\$ 647.00	\$ 590.00
65	1,001.00	903.00	65	1,775.00	1,598.00
70	1,784.00	1,602.00	70	3,068.00	2,740.00
75	2,933.00	2,601.00	75	5,194.00	4,569.00
80	5,234.00	4,556.00	80	9,104.00	7,819.00

Premiums are based on issue age.

* Home health care benefit is \$100/day.

	Nursing Home Care	Home Health Care
Daily Benefit Amount	\$75 - \$400 per day	\$75 - \$400 per day
Benefit Period	2, 3, 5, 10 years or lifetime	2, 3, 5, 10 years or lifetime
Elimination Period	30, 90, or 180 days	30, 90, or 180 days
Must be met once per lifetime.		

**Other Benefits Included
 in Basic Policy**

Adult Day Care
 Alternate Plan of Care
 Assisted Living Facility
 Bed Reservation
 Care Coordination
 Caregiver Training
 Case Management
 Hospice Care
 Respite Care
 Restoration of Benefits
 Spousal Discount
 Waiver of Premium

**Optional Benefits for
 Additional Premium**

Inflation Protection
 Nonforfeiture Benefit

The State Life Insurance Company
P.O. Box 4243
Woodland Hills, CA 91365-4243

Consumer Service Telephone No. 1-800-428-9198 **Form No.** S-8000-P-WI

First-Year Commission: Ages: 40-44 76% 65-69 56% **Preexisting Condition**
 45-49 72% 70-74 52% **Waiting Period:** None
 50-54 68% 75-79 48%
 55-59 64% 80+ 44%
 60-64 60%

Health History Requested: Detailed health history

Claim Payment Method: Actual charges up to fixed amount (Indemnity option available)

Activities of Daily Living (ADLs) Required: 2

Annual Premium for \$100/Day Nursing Home Benefit and \$100/Day Home Health Care* (Optional Benefits Not Included)						
3-Year Benefit Period			Lifetime Benefit Period			
Age	Elimination Period		Age	Elimination Period		
	30 Days	90 Days		30 Days	90 Days	
50	\$ 316.00	\$ 268.00	50	\$ 486.00	\$ 405.00	
65	918.00	761.00	65	1,404.00	1,170.00	
70	1,509.00	1,258.00	70	2,322.00	1,935.00	
75	2,282.00	1,901.00	75	3,510.00	2,925.00	
80	4,037.00	3,364.00	80	6,210.00	5,175.00	

Premiums are based on issue age.
 * Home health care benefit is \$100/day.

	Nursing Home Care	Home Health Care
Daily Benefit Amount	\$60 - \$300 per day	\$60 - \$300 per day
Benefit Period	3, 5 years or lifetime	3, 5 years or lifetime
Elimination Period	0, 30, 90, or 180 days	0, 30, 90, or 180 days
	Must be met once per lifetime.	

Other Benefits Included in Basic Policy		Optional Benefits for Additional Premium
Adult Day Care	Hospice Care	Inflation Protection
Alternative Plan of Care	Instrumental Activities of Daily Living	Nonforfeiture Benefit
Assisted Living Facility	Respite Care	Return of Premium
Bed Reservation	Restoration of Benefits	Waiver of Premium
Care Coordination	Spousal Discount	(Home Health Care)
Caregiver Training	Waiver of Premium	
Equipment Purchase		

TIAA-CREF Life Insurance Company
730 Third Avenue
New York, NY 10017

Consumer Service Telephone No. 1-800-223-1200

Form No. TCL-LTC.04(WI)

First-Year Commission: 0

Preexisting Condition
Waiting Period: None

Health History Requested: Detailed health history

Claim Payment Method: Actual Charges

Activities of Daily Living (ADLs) Required: 2

Annual Premium for \$100/Day Nursing Home Benefit and \$50/Day Home Health Care (Optional Benefits Not Included)						
3-Year Benefit Period			Lifetime Benefit Period			
Age	Elimination Period		Age	Elimination Period		
	30 Days	90 Days		30 Days	90 Days	
50	\$ 290.00	\$ 250.00	50	\$ 480.00	\$ 410.00	
65	800.00	690.00	65	1,260.00	1,050.00	
70	1,240.00	1,060.00	70	1,910.00	1,590.00	
75	2,070.00	1,770.00	75	3,090.00	2,550.00	
80	3,530.00	3,010.00	80	5,090.00	4,210.00	

Premiums are based on issue age.

	Nursing Home Care	Home Health Care
Daily Benefit Amount	\$70 - \$300 per day	\$35 - \$300 per day
Benefit Period	3, 5, 7 years or lifetime	3, 5, 7 years or lifetime
Elimination Period	30, 90, or 365 days	30, 90, or 365 days
Must be met once per lifetime.		

Other Benefits Included in Basic Policy		Optional Benefits for Additional Premium
Adult Day Care	Equipment Purchase	Inflation Protection
Alternative Plan of Care	Guaranteed Purchase	Nonforfeiture Benefit
Assisted Living Facility	Hospice Care	Paid-up Survivor
Bed Reservation	Respite Care	
Care Coordination	Spousal Discount	
Caregiver Training	Waiver of Premium	
Case Management		

United American Insurance Company
P.O. Box 8080
McKinney, TX 75070

Consumer Service Telephone No. 1-800-331-2512

Form No. LTCBOMWI2

First-Year Commission: Ages: Under 55 82%
 55-64 77%
 65-69 72%
 70-74 67%
 75-79 62%
 80+ 57%

Preexisting Condition
Waiting Period: None

Health History Requested: General health questions

Claim Payment Method: Actual charges

Activities of Daily Living (ADLs) Required: 2

Annual Premium for \$100/Day Nursing Home Benefit and \$50/Day Home Health Care (Optional Benefits Not Included)						
4-Year Benefit Period			Lifetime Benefit Period			
Age	Elimination Period		Age	Elimination Period		
	30 Days	100 Days		30 Days	100 Days	
50	\$ 278.50	\$ 215.40	50	N/A	N/A	
65	905.30	739.00	65	N/A	N/A	
70	1,443.60	1,177.20	70	N/A	N/A	
75	2,467.50	2,011.10	75	N/A	N/A	
80	4,242.40	3,451.80	80	N/A	N/A	

Premiums are based on issue age.

	Nursing Home Care	Home Health Care
Daily Benefit Amount	\$60 - \$200 per day	\$30 - \$200 per day
Benefit Period	1, 2, or 4 years	1, 2, or 4 years
Elimination Period	0, 30, 100, or 180 days	0, 30, 100, or 180 days
Must be met each benefit period.		

**Other Benefits Included
in Basic Policy**

Alternative Plan of Care
 Bed Reservation
 Restoration of Benefits
 Spousal Discount
 Waiver of Premium

**Optional Benefits for
Additional Premium**

Inflation Protection
 Nonforfeiture Benefit

McKinney, TX 75070

79

UNUM Life Insurance Company of America
2211 Congress Street
Portland, ME 04122

Consumer Service Telephone No. 1-800-558-6224

Form No. LTC99PQ

First-Year Commission: Ages: Under 80 40%
 80-84 30%

Preexisting Condition
Waiting Period: None

Health History Requested: General health questions

Claim Payment Method: Daily benefit

Activities of Daily Living (ADLs) Required: 2

**Annual Premium for \$100/Day Nursing Home Benefit
 and \$60/Day Home Health Care
 (Optional Benefits Not Included)**

3-Year Benefit Period			Lifetime Benefit Period		
Age	Elimination Period		Age	Elimination Period	
	30 Days	90 Days		30 Days	90 Days
50	\$ 338.00	\$ 281.70	50	\$ 610.30	\$ 508.60
65	1,023.80	853.20	65	1,687.40	1,406.20
70	1,678.70	1,398.90	70	2,731.30	2,276.10
75	2,818.90	2,349.10	75	4,525.00	3,770.80
80	N/A	3,782.30	80	N/A	6,007.30

Premiums are based on issue age.

Nursing Home Care

Home Health Care

Daily Benefit Amount \$60 - \$270 per day

\$36 - \$270 per day

Benefit Period 2, 3, 4, 5, 6 years
 or lifetime

2, 3, 4, 5, 6 years
 or lifetime

Elimination Period 20, 30, 60, 90, 180, or
 365 days

20, 30, 60, 90, 180, or
 365 days

Must be met once per lifetime.

**Other Benefits Included
 in Basic Policy**

Adult Day Care
 Alternative Plan of Care
 Assisted Living Facility
 Bed Reservation
 Caregiver Training
 Equipment Purchase
 Hospice Care
 Respite Care
 Waiver of Premium

**Optional Benefits for
 Additional Premium**

Inflation Protection
 Nonforfeiture Benefit
 Paid-up Survivor
 Restoration of Benefits
 Spousal Discount

NURSING HOME INSURANCE POLICIES

The following companies have approved nursing home policies in Wisconsin. These policies cover **only** institutional (nursing home or other facility) care. For more detailed information contact a local agent for the company.

Allianz Life Insurance Company of
North America
5701 Golden Hills Drive
Minneapolis, MN 55416
1-800-950-1962

American Republic Insurance Company
Administrative Office
P.O. Box 9140
Boston, MA 02117-9140
1-800-600-0243

Bankers Life & Casualty Company
222 Merchandise Mart Plaza
Chicago, IL 60654-2013
1-888-282-8252

Catholic Order of Foresters
P.O. Box 3012
Naperville, IL 60566
1-800-552-0145

Central States Health and Life Company
of Omaha
1212 North 96th Street
Omaha, NE 68114
1-800-790-7055

Combined Insurance Company of
America
5050 North Broadway
Chicago, IL 60040
1-800-999-2170

Continental General Insurance Company
8901 Indian Hills Drive
Omaha, NE 68124-7007
1-877-291-5434

Country Life Insurance Company
1711 GE Road
Bloomington, IL 61704
1-309-821-3494

General Electric Capital Assurance
Company
1650 Los Gatos Drive
San Rafael, CA 94903
1-800-456-7766

Great American Life Insurance Company
P.O. Box 559002
Austin, TX 78755-9002
1-800-880-2745

Guarantee Trust Life Insurance Company
1275 Milwaukee Avenue
Glenview, IL 60025
1-800-338-7452

John Hancock Life Insurance Company
P.O. Box 117
Boston, MA 02117
1-800-543-6415

Knights of Columbus
One Columbus Plaza
New Haven, CT 06510
1-800-214-9825

Lincoln Benefit Life Company
P.O. Box 4243
Woodland Hills, CA 91365-4243
1-888-503-8110

Massachusetts Mutual Life Insurance
Company
P.O. Box 4243
Woodland Hills, CA 91365-4243
1-888-505-8952

NURSING HOME INSURANCE POLICIES (continued)

MedAmerica Insurance Company
Foster Plaza, Building 5
651 Holiday Drive, Suite 300
Pittsburgh, PA 15220
1-800-544-0327

Metropolitan Life Insurance Company
P.O. Box 937
Westport, CT 06881-0937
1-800-308-0179

New York Life Insurance Company
51 Madison Avenue
New York, NY 10010
1-800-224-4582

Pennsylvania Life Insurance Company
600 Courtland Street
Orlando, FL 32804
1-800-275-7366

United American Insurance Company
P.O. Box 8080
McKinney, TX 75070
1-800-331-2512

UNUM Life Insurance Company
of America
2211 Congress Street
Portland, ME 04122
1-800-558-6224

HOME HEALTH CARE INSURANCE POLICIES

The following companies have approved home health care policies in Wisconsin. These policies cover **only** care received in the community (home health care or other community-based services.) For more detailed information contact a local agent for the company.

Bankers Life and Casualty Company
222 Merchandise Mart Plaza
Chicago, IL 60654-2013
1-888-282-8252

National States Insurance Company
1830 Craig Park Court, Suite 100
St. Louis, MO 63146
1-800-868-6788

Combined Insurance Company of
America
5050 North Broadway
Chicago, IL 60040
1-800-999-2170

Physicians Mutual Insurance Company
2600 Dodge Street
Omaha, NE 68131
1-800-228-9100

CUNA Mutual Life Insurance Company
2000 Heritage Way
Waverly, IA 50677
1-800-643-5264

Guarantee Trust Life Insurance Company
1275 Milwaukee Avenue
Glenview, IL 60025
1-800-338-7452

Lincoln Benefit Life Company
P.O. Box 4243
Woodland Hills, CA 91365-4243
1-888-503-8110

MedAmerica Insurance Company
Foster Plaza, Building 5
651 Holiday Drive, Suite 300
Pittsburgh, PA 15220
1-800-544-0327

LONG-TERM CARE RIDERS TO LIFE INSURANCE POLICIES

The following companies sell long-term care insurance as a rider to a life insurance policy. For more detailed information contact a local agent for the company.

Catholic Knights
1100 West Wells Street
Milwaukee, WI 53233
1-800-927-2547

Protective Life Insurance Company
P.O. Box 2606
Birmingham, AL 35202
1-800-866-3555

First Penn-Pacific Life
Insurance Company
10 North Martingale Road
Schaumburg, IL 60173
1-800-323-3101

Valley Forge Life Insurance Company
100 CNA Drive
Nashville, TN 37214
1-800-788-9644

Golden Rule Insurance Company
712 11th Street
Lawrenceville, IL 62439
1-800-444-8990

Massachusetts Mutual Life
Insurance Company
c/o First Penn-Pacific Life
Insurance Company
10 North Martingale Road
Schaumburg, IL 60173
1-800-323-3101

New York Life Insurance and
Annuity Corporation
51 Madison Avenue
New York, NY 10010
1-800-224-4582

Pekin Life Insurance Company
2505 Court Street
Pekin, IL 61558
1-800-447-0122